



Stroke Recovery Association of Manitoba Inc. (SAM)

Donation Form

Donation Options:

Donation in Memory of: _____

Amount \$ _____

Donation in Honour of: _____

Amount \$ _____

General Donation for the work of SAM

Amount \$ _____

Payment Options:

- Cheque Donations are gratefully accepted by Mail or Fax.
- Cash Donations are gratefully accepted in Person.
- VISA Donations are gratefully accepted by Phone, Mail, Fax or in Person. Please provide name of card holder, VISA number and expiry date.
- Official Tax Receipts will be issued for all donations over \$5.00. Thank you.
- Charity Registration #10809 9474 RR0001.

Please Complete:

Your Name: _____

Phone: _____

Address: _____

Postal Code: _____



Offering direct service programs to Stroke Survivors and Their Families/Caregivers

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