Donation Form

Date Received:	
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		I RANSCON Est.
Please Print Clearly		
		
Address:		
	Postal Code	
Telephone (Home)	(Business)	
Fax Number	(Cell Number)	
Email		
Please sign me up to receive the	e TM newsletter & other important updates & inf	ormation from the TM
-	onations received for "CN 2747" will be placed in our e Building & Engine. If you would like to opt out of the	
GIFT DESIGNATION		
Collections and Conservation General Other	Development Fund	☐ Programming ☐ CN 2747 Preservation
One Time Gift in the amoun -or- Pledge Installments I (we) pledge a total gift of \$ Installments will be paid: Bi-Wee beginning on (MM/DD/YY)	Ta will be provided for all donations over \$50 (donations to f \$ spread over123 year(s) eklyMonthlyQuarterlyAnnuallyOt	 Other :her
-or-	- 1-1-1-6	
	vauled at \$	
donated for		
GIFT RECOGNITION You may list my (our) name(s) i	n any published departisting	
I would like my name to remain		
I would like to name my gift:	, anonymous	
	In Honour of:	
Recipient's Name	In Honour of: gment card sent, please provide their name/ac	
Address	Post Code	
City / Province	Postal Code	
PAYMENT INFORMATION		
Cheque (payable to Transcona	Museum)	
Cash		
	online <u>www.transconamuseum.mb.ca</u> through	Zeffy or via
CanadaHelps.org. Click the DONA	TE NOW button on our website.	
	enue W. Winnipeg, MB R2C 1R1 Phone: 204-222-0423 Fax: 204-222-02 SCONA MUSEUM IS A REGISTERED CHARITY (119268449 RR0001)	08

Office Use Only		
Tax Receipt Issued	_ Thank you Letter/ACK Issued	Completed by and date: