



GRACE HOSPITAL  
FOUNDATION

300 Booth Drive  
Winnipeg, MB  
R3J 3M7

p: 837-0375  
f: 837-0587

www.gracehospital.ca  
foundation@ggh.mb.ca

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount: \_\_\_\_\_  Cheque  Cash  Visa  MC  Amex

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Fund: \_\_\_\_\_

In Memory/Honor of: \_\_\_\_\_

Next of Kin Info: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



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