



Boundary Trails Health Centre Foundation

Box 2000, Station Main

Winkler, Manitoba R6W 1H8

Telephone (204) 331-8808 Fax (204) 331-8804

office@bthcfoundation.com www.bthcfoundation.com

BTHC Foundation Donor Form

Date: _____

I am happy to support the Foundation and to enclose a cheque payable to the B.T.H.C. Foundation in the amount of \$_____.

Note: Credit card accepted via phone 1-204-331-8808

Please indicate which fund:

☐ General Fund

☐ Spiritual Care

☐ Palliative/Cancer Care

☐ Other _____

Note: Tax Receipts will be issued for gifts of \$20 and over.

Please send tax receipt to:

Name: _____

Address: _____

City / Prov.: _____

Postal Code: _____

Telephone: _____

Signature: _____

Additional info:

In the case of a memorial gift or other specific wishes respecting this donation, please supply additional information.

Please send Memoriam Card to:

Name: _____

Address: _____

City/Prov.: _____

Postal Code: _____

Please sign the card as follows:

Mail Donor Form To:

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