



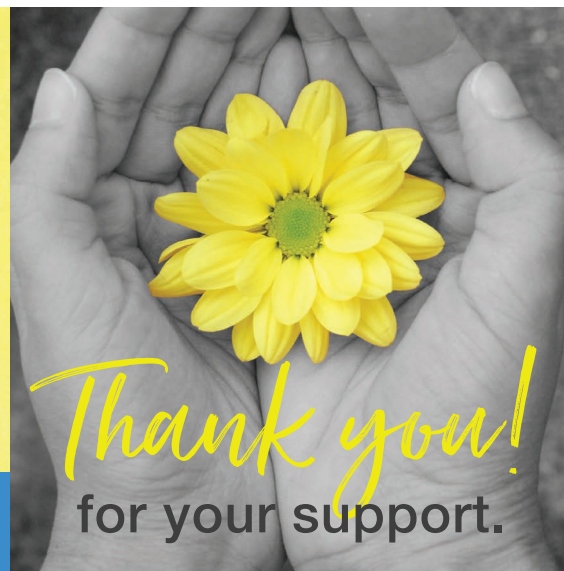
# Scleroderma M A N I T O B A

## SCLERODERMA MANITOBA

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Phone: 204-510-2855  
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Charitable Registration Number 861033819RR0001



## DONATION FORM

Name:		Date:	
Address:			
City:		Province:	Postal Code:
Phone:		Email:	
<input type="checkbox"/> I have been diagnosed with scleroderma* <input type="checkbox"/> I am a relative of a person diagnosed with scleroderma* <small>*information will be kept strictly confidential</small>		<input type="checkbox"/> I would like to subscribe to the Scleroderma Manitoba THE BULLETIN <input type="checkbox"/> I want a tax receipt	
Donation Amount: <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25   Other: \$			
<input type="checkbox"/> Cheque (Payable to Scleroderma Manitoba)			
<b>IF YOUR DONATION IS IN MEMORY OR IN HONOUR OF A SPECIAL PERSON, PLEASE COMPLETE THE SECTION BELOW.</b>			
<input type="checkbox"/> In memory of:			
<input type="checkbox"/> In honour of:			
<input type="checkbox"/> I would like more information on how to make a testamentary bequest to Scleroderma Manitoba			