



## LYMPHEDEMA ASSOCIATION OF MANITOBA

Thank you for your donation to the Lymphedema Association of Manitoba.

Name:	
Address:	
City:	
Province:	
Postal Code:	
Telephone Number:	
E-mail Address:	

Amount of donation: \$ \_\_\_\_\_  
(Receipts for Income Tax purposes issued for donations of \$10 or more)

Payment method       Cheque       Money Order  
(Payable to the Lymphedema Association of Manitoba Inc.)

### In Honour Donations

Name of Honouree:	
Honouree's Address:	
City:	
Province:	
Postal Code:	

*For in Honour donations, we will send the honouree an acknowledgment of your gift without indicating the dollar amount.*

### In Memoriam Donations

Name of Deceased:	
Next of Kin Name:	
Next of Kin's Address:	
City:	
Province:	
Postal Code:	

*For in Memoriam donations, we will send the next of kin an acknowledgment of your gift without indicating the dollar amount.*

Thank you very much for your donation to the Lymphedema Association of Manitoba. Your support will help the association to attain the goals of education, support, and awareness for lymphedema patients.

Please complete this form and mail with cheque or money order to:

Lymphedema Association of Manitoba  
PO Box 70047 Kenaston PO  
Winnipeg MB R3P 0X6