



Experiences that Shape You

Donor Information

FULL NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

Thank you,

for your generosity and
for being a part of Camp
Manitou's future.

**TO MAKE A DONATION
ONLINE, PLEASE VISIT:**

TNYF.ca/ManitouExpansion

"The program has made me want to
give back to the community, I just want
to be a part of what's happening, here."

- *Cody D, former program participant and current
Camp Manitou Summer Staff Team-member*

Payment information on reverse



DONATION AMOUNT

Personal Donation

Business Donation

Payment Information

Full Payment Over _____ Years

Over _____ Months

INITIAL PAYMENT DATE (dd/mm/yyyy)

Unless full payment is checked, the payment will be billed on the same day of each year or month as above.

Payment Method

Cash Cheque Stock

Electronic Fund Transfer
(please complete the following or enclose a void cheque)

NAME OF BANK

BANK ACCOUNT TYPE (chequing / savings)

BRANCH #

INSTITUTION #

ACCOUNT #

Visa Mastercard

CREDIT CARD NUMBER

EXPIRY

CVC

DONOR SIGNATURE

DATE

**PLEASE MAIL THIS
FORM TO:**

True North Youth Foundation
345 Graham Avenue,
Second Floor
Winnipeg, MB, R3C 5S6

**OR, PLEASE EMAIL THIS
FORM TO:**

manitoucampaign@tnse.com

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True North Youth Foundation
Charitable Registration
Number: 888769478 RR0001

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