

HELP SAVE A LIFE TODAY!

Tax receipts will be issued for donations above \$20.

CHARITABLE REGISTRATION NUMBER: 81742 2033 RR 0001

**Bruce
Oake**
Recovery Centre



DONATION

\$20 40 \$60 \$80 100 \$200 Other Amount _____

SPONSOR A TREATMENT

Male Female No Preference 1 week of treatment for \$1540
 6 months of treatment for \$36,960 I want to help \$400
 3 months of treatment for \$18,480 **Total Amount: \$ _____**

CONTACT INFORMATION:

Name: _____

Address: _____

City/Prov: _____ Postal Code: _____ Tel#: _____

Email: _____

PAYMENT INFORMATION:

Cash Cheque Visa Mastercard Amex

Please make cheque payable to: **The Bruce Oake Memorial Foundation**

Credit Card Number: - - -

Expiration Date (MM/YY): / CW

Bruce Oake Memorial Foundation

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• www.bruceoakefoundation.com