



Canadian Hemophilia Society Manitoba Chapter



I am proud to support CHS-MC members/families in need. Please accept my contribution:

Canadian Hemophilia Society, **Manitoba Chapter**

\$25 \$50 \$75 \$100 \$250 Other \$ _____

I would like to establish monthly donations either by post-dated cheque or by credit card. Please contact me.



Hemophilia
Research
Million
Dollar
Club

I am proud to support inherited bleeding disorders research.
Please accept my contribution to

\$25 \$50 \$75 \$100 \$250 Other \$ _____

Tax receipts for donations to the Hemophilia Research Million Dollar Club will be issued by the CHS.
Charity BN 1188 33094 RR0001

My Cheque is enclosed

Please charge my donation to my credit card MasterCard Visa

Card Number _____

Expiry Date _____

Name on Card _____

Signature _____

Mailing Address _____

Thank you for your support!

It is our mission to ...

“To improve the lives of those affected by hemophilia and other inherited bleeding disorders through support, service, research, education and advocacy.”

CHS-MC issues tax receipts for gifts of \$15 or more, or upon request. Charity BN 1068 46991 RR001

Canadian Hemophilia Society, **Manitoba Chapter**
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