



**Union Gospel Mission**  
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**\*\*Please make all cheques payable to Union Gospel Mission**

**\*All fields marked with an asterisk must be completed to ensure that a receipt can be issued.**

\*Name(s) \_\_\_\_\_

\*Mailing address \_\_\_\_\_

\*City / Province / Postal Code \_\_\_\_\_

Email address \_\_\_\_\_

Phone # \_\_\_\_\_

Donation amount \$ \_\_\_\_\_

**If payment is being made by credit card (Visa & Master Card only), please provide the following information –**

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Please indicate how you would desire your gift to be used –**

General Fund		Charis Centre (Women)	
Adopt-A-Student		Meal-A-Day	
Other (please specify)			
Bereavement / Memorial (please specify name of deceased and next of kin)			
Name of Deceased: _____			
Name of Next of Kin: _____			
Address of Next of Kin: _____			

**Thank you for your donation. We are thankful that you've chosen to partner with us in the work of God!**

*Proverbs 19:17 – He who has pity on the poor lends to the Lord, and He will pay back what he has given.*

