

Name: _____
 Phone Number: _____
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The Dream Factory

303-1 Wesley Ave Winnipeg, MB R3C 4C6
 (204) 989-4010 www.thedreamfactory.ca



1. First & Last Name	3. Phone	Donation Amount		TAX RECEIPT REQUESTED
		CASH	CHEQUE	
2. Address	4. City, Province, Postal Code			
1.	3. ()			
2.	4.			
1.	3. ()			
2.	4.			
1.	3. ()			
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1.	3. ()			
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1.	3. ()			
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1.	3. ()			
2.	4.			
1.	3. ()			
2.	4.			
1.	3. ()			
2.	4.			
		DONATION TOTAL		

Note: Tax Receipts will be issued for pledges of \$15 or more, if requested
 Charitable Tax Number: 11910 8777 RR001