

Municipality of St. Laurent

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St. Laurent, MB
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Donation Form

Donor Information

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Donation Information (Check the appropriate selection)

Donation Amount (Cdn Funds): \$ _____

Please direct my gift to the RM of St. Laurent

Please use my gift to support the following areas within municipal programming:

Please forward my gift to a non-profit organization within the community

Organization Name	Percentage/Value of donation to each
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Memorial/Tribute Information

In memory of: _____ From: _____

In honour of: _____ From: _____

Donation Type

Cash (# _____) Cheque (# _____) Debit Internet Banking

Unless otherwise noted, the RM of St. Laurent will share your name and value of donation to the recipient so that they may contact you directly to send acknowledgment and thanks.

I wish to have my gift remain anonymous.

Signature: _____ Date: _____