



Women's Health Research
Foundation of Canada

I would like to make a donation to the Women's Health Research Foundation of Canada in the amount of:

\$25.00

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Please make cheque payable to:

Women's Health Research Foundation of Canada Inc.
P.O. Box 61019 • RPO Grant Park
Winnipeg, MB, R3M 3X8

NAME: _____

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Yes, I would like to volunteer my time to the Women's Health Research Foundation of Canada.

Thank you for your support!

Charitable Registration Number 13293 2757 RR0001