

ADDICTIONS RECOVERY INC.

Donation Form

Enclosed is my / our gift of: \$_____

Please make your cheque or money order payable to Addictions Recovery Inc. and provide the following information so we can send you a receipt for income tax purposes. (Please Print)

Name: _____

Address: _____

_____ Postal Code: _____

Phone: _____

Mail to:

Addictions Recovery Inc.
PO Box 44058 Redwood Centre
C-1155 Main Street
Winnipeg MB R2W 5M3

Phone: (204) 586-2550
Fax: (204) 589-8977
Email: info@addictionsrecovery.ca