

The Motor Vehicle Industry of Manitoba Scholarships

The Motor Vehicle Industry of Manitoba has established scholarship funds at The Winnipeg Foundation to assist individuals who are pursuing their Red Seal Certification as an Automotive Service, Collision Repair or Collision Refinishing Technician. The Scholarships may be used for assistance with tuition fees, tools or learning aids in conjunction with students' secondary and post-secondary education.

Gifts to the funds are invested in perpetuity and only the income generated for grant making will be used for the purposes outlined above. The funds will be administered by The Winnipeg Foundation, which will provide an official charitable tax receipt for all donations.

Ways to give:

- By phoning 204.944.9474 (toll-free: 1.877.974.3631) with your credit card information;
- Securely online by credit card at www.wpgfdn.org/give (keyword search: Motor);
- By cheque made payable to The Winnipeg Foundation and completing the form below

Donation Form (please print)

I wish to designate my gift to:

- | | |
|---|---|
| <input type="checkbox"/> Sobering Auto Electric Ltd. Fund | <input type="checkbox"/> Manitoba Used Car Dealers Association Inc. Fund |
| <input type="checkbox"/> Manitoba Motor Dealers Association Inc. Fund | <input type="checkbox"/> Automotive Trades Association Manitoba Inc. Fund |
| <input type="checkbox"/> Adolphus "Mac" MacDonald Memorial Fund | <input type="checkbox"/> Automotive Recyclers of Manitoba Fund |
| <input type="checkbox"/> The Joe and Geraldine Rewucki Memorial Fund | |

Mr. Mrs. Ms. **First Name** _____ **Last Name** _____
 Miss Dr. *Please provide your full legal name as it is to appear on the Official Tax Receipt*

Street Address _____ **City** _____

Province _____ **Postal Code** _____ **Phone Number** _____

Email _____

Amount of Gift \$ _____ **Cheque enclosed** **Credit Card gift**

This is a one-time gift **OR** I would like to make a repeat gift of: \$ _____

To be paid by Credit Card (choose one): Annually Quarterly Monthly

I authorize The Winnipeg Foundation to receive this repeat gift for a period of _____ year(s) or until notified by me.

Credit Card: Visa Mastercard **Card Number:** _____ **Expiry (MM/YY)** _____

Card holder name as it appears on the card: _____

Signature: _____

In honor of **OR** In memory of: _____

Send card to: _____ **Address:** _____

City: _____ **Province:** _____ **Postal Code:** _____

- I would like my gift to remain anonymous
- Please check this box if you would like to receive periodic communications from The Winnipeg Foundation

Please mail this form to:
 The Winnipeg Foundation
 1350 One Lombard Place
 Winnipeg, MB R3B 0X3