

A Place of Honour Trust Fund

Financial Contribution Form

I, _____, agree to provide Manitoba Conservation with a non-refundable contribution of \$_____ for the purpose of defraying costs associated with the proposed publication on the following conditions:

1. Manitoba Conservation will establish a Trust Fund with funds contributed by me and other contributors which funds shall be deemed to be trust money for the purpose of The Financial Administration Act.
2. Manitoba Conservation will carry out the project in a diligent and competent manner and in particular will ensure that the funds contributed are used solely for the costs incurred to produce, translate, print and distribute the proposed publication, ***A Place of Honour***.
3. Manitoba Conservation will acknowledge the financial support of my contribution with a permanent inscription in the completed publication, as well as in the content of any CD-ROM and/or web site developed in relation thereto.
4. Manitoba Conservation will insert a permanent inscription in the publication indicating the opinions expressed in the publication are those of Manitoba Conservation and do not necessarily reflect the view of any particular contributor.
5. I understand that should there be any unexpended funds at the conclusion of this project, such funds will be deposited to the Government of Manitoba's Consolidated Revenue Fund and will not be returned to me.

An Income Tax receipt for funds contributed will not be issued.

I acknowledge that I have read, understand and accept the conditions under which my contribution will be used.

Contributor: _____ Date: _____
Mailing Address: _____ Telephone: _____
_____ Postal Code: _____

Please forward this form with payment to: **Cashier
Manitoba Conservation
Box 42 – 200 Saulteaux Cres.
Winnipeg MB R3J 3W3** Telephone: 1-800-214-6497

NOTE: Fax the completed order forms with Visa or MasterCard credit card information to **Fax # (204) 945-2474**. **Personal cheques, money orders and bank drafts** must be made payable to the **Minister of Finance of Manitoba**. Please do not send cash in the mail. Cash and Interac payments may be made in person at the above address.

TO PAY BY CREDIT CARD: (Please PRINT clearly)

NAME AS SHOWN ON CARD: _____

VISA / MASTERCARD # : _____ EXPIRY DATE: _____

AUTHORIZATION: _____ AMOUNT: \$ _____
(signature of card holder) (Canadian Funds)

For office use:

Contribution received: _____ MRO#: _____ Sales Item ID: 991000 Mailed: _____