

Let's Work Together to Make a Difference



My Donation

Amount I am able to give _____

Specific designation (if any) _____

Name _____

Address _____

City / Prov _____

Postal Code _____

All donations are acknowledged with an official income tax receipt.
Automatic monthly bank deduction plan is available.

MEMBERSHIP

You are invited to become a member of the society by sending a request for membership along with your donation.

Rainbow of Hope

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