



Yes! I want to support The Ottawa Hospital Foundation

Name: _____
Last First

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone Number: _____ E-mail: _____

Please direct my gift to:

Payment options: Choose OPTIONS 1 or 2

DID YOU KNOW? You can become a member of the President's Council by giving \$1,000 per year – that's only \$2.74 per day before taxes!

OPTION 1 Yes! I would like to become a member of the President's Council. (\$1,000 per year)

OPTION 2 My total contribution is \$ _____.

Choose your method of payment

- Payroll Deduction \$ _____ per pay over a one year period
- Cash
- Cheque/Money Order (made payable to: *The Ottawa Hospital Foundation*)
- Post dated cheques
- Pre-authorized monthly bank withdrawal of \$ _____ (void cheque enclosed)
 Installments beginning the 1st of _____
Month
- Credit Card**
- VISA MasterCard Amex Card #: _____ Expiry Date: _____
- One time gift in the amount of \$ _____
- Monthly gift in the amount of \$ _____ beginning the 1st of _____
Month

Signature: _____ Date: _____

We respect your privacy. At no time do we make our donor list available for use by other organizations. We use your personal information to provide services and to keep you informed about our activities. Income tax receipts are automatically issued for donations of \$15 or more, others on request. Donations made through payroll deduction will be reflected on your T4.

Thank you for supporting THE OTTAWA HOSPITAL FOUNDATION