

PARTNERS IN CARE MONTHLY GIVING PLAN

To join our *Partners in Care monthly giving plan*, simply fill out the form below and the amount you choose will be automatically withdrawn from your bank account or charged to your credit card each month. You can stop your monthly donation or alter the amount of your gift at any time by contacting the office of The Ottawa Hospital Foundation at (613) 761-4295 or email foundation@ottawahospital.on.ca. You may also contact us by mail at 737 Parkdale Avenue, 1st floor, Ottawa, ON K1Y 1J8. To obtain a sample cancellation form, or for more information on your right to cancel your monthly agreement, you may contact your financial institution or visit www.cdnpay.ca. **Thank you for your generosity.**

YES, I want to join the *Partners in Care monthly giving plan*. Each month, I want to give the amount of:

\$5 \$10 \$15 \$20 \$30 (\$1/day) I prefer to give \$_____ per month.

Please note that your monthly donation will be processed on the first business day of each month. You will receive a tax receipt for the full amount of your monthly donations at the end of the year.

Telephone _____ E-mail _____

Signature _____ Date _____

Option 1:

I authorize The Ottawa Hospital Foundation to draw these donations from my bank account. My sample cheque marked "void" is enclosed.

Option 2:

I prefer to pay by credit card. Please charge these donations to my:

VISA MasterCard American Express

Card No. _____ Expiry Date _____

Cardholder's Name _____

This donation is made on behalf of _____ an individual _____ a business (please specify)

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.