

THE *White Coat* CAMPAIGN



LA CAMPAGNE *Blouses blanches*



Yes, I want to support patient care in our community

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

LET US
ADD YOUR
LOGO
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Please direct my gift to:

Cell Spinner Other Campaign Priorities _____

My Total Contribution is: \$ _____

Payment Options

Payroll deductions \$ _____ per pay for _____ year.
24 OR 26 pays beginning _____ (Income tax credit on your T4)

Cash (The Ottawa Hospital Foundation will issue an income tax receipt)

Cheque/ Money order/ Post-dated cheques made payable to:
THE OTTAWA HOSPITAL FOUNDATION
(The Ottawa Hospital Foundation will issue an income tax receipt)

Pre-authorized monthly bank withdrawal of \$ _____ (void cheque enclosed)
Instalments beginning the 1st of _____ for 12 months
Month

Credit Card VISA M/C AMEX

Name on card: _____

Card #: _____ Expiration Date: _____

One time gift in the amount of \$ _____

Monthly gift in the amount of \$ _____ beginning the 1st of _____
Month

Signature: _____ Date: _____

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!*

The Ottawa Hospital Foundation respects your privacy. At no time do we make our donor list available for use by other organizations. We only use your personal information 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

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