

# Support patient care and research at The Ottawa Hospital



FOUNDATION | FONDATION

## DONATION FORM

\$35    \$50    \$75    \$100    I prefer to give \$ \_\_\_\_\_

### Please direct my gift to:

Priority Needs

I prefer to direct my donation to: \_\_\_\_\_  
(your program of choice)

This gift is in memory / in honour / in celebration of: \_\_\_\_\_  
(please circle one)

Name and address of bereaved family / person being honoured or celebrated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mr.    Mrs.    Ms.    Miss

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (For Business Donations Only): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**My cheque/money order is enclosed, made payable to The Ottawa Hospital Foundation.**

I prefer to use my:    VISA    M/C    AMEX

Name On Card (Please Print): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this form to The Ottawa Hospital Foundation at (613) 761-5014, or mail this form with a cheque**

The Ottawa Hospital Foundation, 737 Parkdale Ave., 1st Floor, Box 610, Ottawa, ON K1Y 1J8.

For more information, please call (613) 761-4295 or e-mail [foundation@ottawahospital.on.ca](mailto:foundation@ottawahospital.on.ca).

Charitable Registration Number: 8690 42747 RR0001 DN-02