



DONATION FORM

DONATION INFORMATION:

\$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

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

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

I prefer to use my: VISA MasterCard Amex

Cardholder's Name: _____

Card Number: _____

Expiry Date: _____ Cardholder's Signature: _____

Please fax this form to The Ottawa Hospital Foundation at (613) 761-5014, or mail this form with a cheque to: The Ottawa Hospital Foundation, 737 Parkdale Ave., 1st Floor, Ottawa, ON K1Y 1J8.

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