



## 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](mailto:foundation@ottawahospital.on.ca).