

Donate a minimum of \$25 and you could win tickets to see the Ottawa Senators play from the Coughlin & Associates box next season!



CONTACT INFORMATION:							
	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.		Language Preference: English French				
HOME	First name		Last Name				
	Address		City	,		Province	Postal Code
WORK	Department	Employee #	E-m	nail			
_	Campus		Telephone Home Work				
I WOULD LIKE MY DONATION TO SUPPORT (CHOOSE ONE OR BOTH):							
	The Ottaw Hospital	a					orities \$
	United Way Centraide Ottawa			The Uni	ted Way's	current prioritie	s \$
MY TOTAL CONTRIBUTION IS \$							
CHOOSE YOUR METHOD OF PAYMENT:							
Payroll Donation: Please deduct the following amount per bi-weekly pay (26 pays beginning January 15, 2021)  \$\frac{1}{10} \frac{1}{10}						ospital Foundation	
Pre-authorized monthly bank withdrawal of \$ / month (void cheque enclosed).							
☐ Credit Card ☐ Monthly Gift (12 months) ☐ One-time gift							
☐ Visa ☐ Mastercard ☐ Amex Card #:				Expiry Date:  :			
Siç	gnature:	Date	e:				. IMIMI∕YY
TOHF respects your privacy. At no time do we make our donor list available for use by other organizations. We use your personal information to provide services and 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.  * NOTE: We will share your donation information with United Way/Centraide Ottawa for you to receive your tax receipt.							

## THANK YOU FOR YOUR SUPPORT!

For more information contact Graham Thompson at igive@toh.ca.

Email your form to igive@toh.ca or drop it off at any of the our drop boxes: Civic (cafeteria), General (cafeteria), and Riverside (main entrance).



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I WOULD LIKE MY DONATION TO SUPPORT (CHOOSE ONE OR BOTH):						
1 44	OOLD LIKE MI DONATION TO SUPPORT (CHOOSE OF	NE OR BOTH):				
	The Ottawa Hospital	The Ottawa Hospital's current priorities \$ What inspired my gift				
	United Way Centraide Ottawa	The United Way's current priorities \$				
MY TOTAL CONTRIBUTION IS \$						
CHOOSE VOUD METHOD OF DAYMENT.						
CHOOSE YOUR METHOD OF PAYMENT:  Payroll Donation: Please deduct the following amount per bi-weekly pay (26 pays beginning January 15, 2021)  \$\frac{1}{3}10  \frac{1}{3}15  \text{Other } \frac{1}{3}  Ot						
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☐ Credit Card ☐ Monthly Gift (12 months) ☐ One-time gift						
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Graham Thompson at igive@toh.ca. TOHF Charitable Registration No: 86904 2747 RR0001 United Way/Centraide Ottawa Charitable Registration No: 108160250 RR0001 Email your form to igive@toh.ca or drop it off at any of the our drop boxes: Civic (cafeteria), General (cafeteria), and Riverside (main entrance).