



CONTACT INFORMATION:

Mr. Ms. Mrs. Dr.

Language Preference: English French

HOME
WORK

First Name

Last Name

Address

City Province Postal Code

Department Employee #

E-mail

Campus

Telephone Home Work

I WOULD LIKE MY DONATION TO SUPPORT (CHOOSE ONE OR BOTH):

 The Ottawa Hospital

The Ottawa Hospital's current priorities \$ _____
What inspired my gift _____

 United Way Centraide
East Ontario
Est de l'Ontario

United Way East Ontario \$ _____ Please
direct my donation where it's needed most and
will have the greatest impact.

MY TOTAL CONTRIBUTION IS \$ _____

CHOOSE YOUR METHOD OF PAYMENT:

Payroll Donation:
Please deduct the following amount per bi-weekly pay (23 pays beginning February 23, 2024)
 \$10 \$15 Other \$ _____

Cheque/Money Order/Postdated Cheques
made payable to: The Ottawa Hospital
Foundation (The Foundation is processing all donations on
behalf of the United Way East Ontario).

Cash

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: _____
MM/YY

Signature: _____ Date: _____

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 East Ontario for you to receive your tax receipt.

THANK YOU FOR YOUR SUPPORT!

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

TOHF Charitable Registration No: 86904 2747 RR0001
United Way East Ottawa Charitable Registration No: 108160250 RR0001

Email your form to igive@toh.ca or drop it off at our Foundation storefronts at the Civic, General and Riverside (main entrance).

