

iGive@TOH



CONTACT INFORMATION:

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other _____ Language Preference: ☐ English ☐ French

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's current priorities \$ _____
☐ What inspired my gift _____

☐ 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
(26 pays beginning January 9, 2026 - December 24, 2026)

☐ \$10 ☐ \$15 ☐ Other \$ _____

☐ **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.

Email your form to igive@toh.ca or drop it off at our Foundation storefronts at the General, Irving Greenberg Cancer Centre and Riverside (main entrance - drop box for Foundation).



THANK YOU FOR YOUR SUPPORT!
TOHiGive.ca