This donation is made on behalf of

☐ an individual ☐ a business (please find my business card enclosed, tax receipt will be issued in the organization's name)

Company Name (if requiring corporate tax receipt) _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____

First Name : _____ Last Name: _____

Address: _____

City: _____ Province : _____ Postal Code: _____

Home Phone: _____ Business Phone : _____

Email: _____

Yes! I will join my community and partner with the dedicated team at The Ottawa Hospital to save lives:

A

My pledge will be: ☐ Monthly ☐ Annually

I am proud to pledge a gift of:

☐ $1,200 per year for 5 years ($100.00 per month)
☐ $2,000 per year for 5 years ($166.67 per month)
☐ $5,000 per year for 5 years ($416.67 per month)
☐ Other $ _____ per year for _____ year(s)

OR

B

I am proud to give a one-time gift of:

☐ $1,200
☐ $2,000
☐ $5,000
☐ Other $ _____

If you do not wish for your name to be listed as "First Name, Last Name", please select one of the below options:

☐ I wish to remain anonymous ☐ Other (please print) _____

PAYMENT INFORMATION

☐ **1. CREDIT CARD** **Corporate Card?** ☐ Yes ☐ No

Please charge my / Veuillez porter à mon compte :

☐ VISA ☐ M/C ☐ AMEX

Name on card: _____

Card number _____

Expiry Date _____ / _____

☐ **Monthly by Credit Card:** Monthly gifts will be withdrawn on the 1st of every month

☐ **One-time gift as provided above**

☐ **2. CHEQUE:** I have enclosed my cheque made payable to "The Ottawa Hospital Foundation".

☐ **3. BANK DEBIT:** Please include a void cheque. Will be withdrawn on the 1st of every month.

☐ **4. STOCK:** Please contact me about paying my pledge with stock.

☐ **5. I would like more information about including a gift to The Ottawa Hospital in my Will.**

☐ **6. I would like to receive receipt via email. / J'aimerais recevoir un reçu par courriel.**

Signature: _____ Date: _____

Please note that your monthly donation will be processed on the **first business day of each month.**
You will receive a tax receipt for the full amount of your annual contribution at the end of the year.

The Ottawa Hospital Foundation737 Parkdale Avenue, 1st Floor, Ottawa, ON. K1Y 1J8
CHARITABLE REGISTRATION NO. 86904 2747 RR0001