



Yes! I want to support Cancer Research at the Blackburn Cancer Chase 2018

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

I prefer to receive my correspondence in: English French

My Donation

I would like to contribute:

One time payment of \$ _____.
(Income tax receipts are automatically issued for donations \$20.00 or more, others upon request)

I would like to contribute \$ _____ for ____ year(s) for a total of \$ _____.

Please note that all gifts of \$1,000 or more per year will be listed in our Leadership Registry:

I consent to having my name listed in the registry as _____

I wish to remain anonymous.

Payment Information (choose one)

1. By Cheque: I have enclosed my cheque of \$ _____ made payable to The Ottawa Hospital Foundation

2. By Credit Card: Please charge the amount of \$ _____ to my: VISA M/C AMEX

Name on card: _____

Card number: _____

Expiry Date: ____/____

3. Monthly By Credit Card: Please automatically withdraw \$ _____ using the above credit card information beginning the 1st day of _____ (month) for a total of \$ _____.

4. Bank Debit: Please automatically withdraw \$ _____ from my bank account beginning the 1st day of _____ (month) for a total of \$ _____ (voided cheque is enclosed).

5. Stock: Please contact me about paying my pledge with stock.

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. You can stop your monthly donation or alter the amount of your gift at any time by contacting The Ottawa Hospital Foundation at (613) 761-4295 or e-mail foundation@ottawahospital.on.ca.