ROYAL OTTAWA HEALTH CARE Foundation
Fondation DES SERVICES DE SANTÉ ROYAL OTTAWA

Donation Form

Yes, I want to support quality Mental Health Care in my community

Please process my gift of:

❍ **$35** ❍ **$50** ❍ **$75** ❍ **$100** **I prefer to give: $** _____

Please direct my donation to:

❍ Priority Needs
❍ I prefer to direct my donation to: _____
(your program of choice)
❍ This gift is in memory / in honour / in celebration of: _____
(please circle one)

Name and address of bereaved family / person being honoured or celebrated:

_____
_____
_____

Your Information:

Mr. Mrs. Miss. Ms. Other: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: ( ) _____ Fax: ( ) _____ Email: _____

❍ My cheque/money order is enclosed, made payable to the *Royal Ottawa Health Care Foundation*

❍ I prefer to use my: ❍ VISA ❍ Master Card

Card #: _____ Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's Signature: _____

Please fax this form to **The Royal Ottawa Health Care Foundation** at (613) 761-3605, or mail or drop off this form with a cheque to: 1145 Carling Ave., Ottawa, ON K1Z 7K4

For more information, please call (613) 722-6521 ext. 6747 or e-mail foundation@rohcg.on.ca

Charitable Registration Number: 11912 9179 RR0001