



Your support will  
make a difference



Fondation de santé mentale  
**Royal Ottawa**  
Foundation for Mental Health

## Donation Form

**Yes, I want to support quality Mental Health Care & Research**

**Please process my one-time gift of:**

- \$35    \$50    \$75    \$100    \$500   I prefer to give: \$ \_\_\_\_\_

**I prefer to support The Royal throughout the year with a monthly gift:**

- Please process my monthly gift of: \$ \_\_\_\_\_ (one tax receipt will be sent at the end of each calendar year for the total donation amount)  
*(You can cancel your monthly gifts at any time by contacting us at 613.722.6521 x 6747)*

**Please direct my donation to:**

- Priority needs  
 I prefer to direct my donation to: \_\_\_\_\_  
*(your clinical or research program of choice)*  
 This gift is in memory / in honour / in celebration of: \_\_\_\_\_  
*(please circle one) (name)*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Information:**

- Mr.    Mrs.    Miss    Ms.   Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC / ZIP: \_\_\_\_\_

Tel: (   ) \_\_\_\_\_ Fax: (   ) \_\_\_\_\_ Email: \_\_\_\_\_

- My cheque / money order is enclosed, made payable to the *Royal Ottawa Foundation for Mental Health*  
 Deduct my monthly donations from my bank account. My sample cheque marked "VOID" is enclosed  
 I prefer to use my:    VISA    Master Card

Card #: \_\_\_\_\_ Expiry Date (month/yr): \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please complete and fax to the **Royal Ottawa Foundation for Mental Health** 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](mailto:foundation@rohcg.on.ca)

*Charitable Registration Number: 11912 9179 RR0001*