



Queensway Carleton  
Hospital Foundation



## Champions of Care Donation Form

My Champion's full name: \_\_\_\_\_ Title: \_\_\_\_\_

Department/location: \_\_\_\_\_

Message for Champion: \_\_\_\_\_

Please check if Queensway Carleton Hospital and the Foundation can use your message in media/  
public materials (ie. Website, Message Boards).

My name is: \_\_\_\_\_ Title: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_  Please check if you would like to receive  
eNewsletters from the Foundation. We respect your privacy and protect your personal information - we  
do not rent, sell or trade our lists.

I wish to make a gift in the amount of:

\$50     \$100     \$250     \$500     Other: \$ \_\_\_\_\_

I have enclosed a cheque payable to: **Queensway Carleton Hospital Foundation**

I prefer to charge my gift to:      

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail to:

Queensway Carleton Hospital Foundation  
3045 Baseline Road  
Ottawa, ON K2H 8P4

Telephone: 613-721-4731    Fax: 613-721-4755



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A tax receipt will be issued for donations of \$10 or more.  
Charitable Registration No. 13725 3571 RR 0001