



MEMBER REGISTRATION and DONATION FORM

YOUR GIFT

Annual Donation Amount \$1,200/year (40+ years) \$600/year (under 40 years)

My gift is a one time gift monthly gift*

Date _____

MEMBER INFORMATION

Title _____ First Name _____ Last Name _____

Address _____

City _____ Prov _____ Postal Code _____

Telephone _____ Email _____

PAYMENT INFORMATION

I have enclosed my cheque payable to **Queensway Carleton Hospital Foundation**
(please attach a VOID cheque for monthly gifts)

Please charge my credit card VISA MasterCard AMEX

Card # _____ Expiry Date _____ CSV _____

Name on Card _____ Signature _____

THANK YOU

*One tax receipt will be issued for monthly gifts received in the calendar year. Gifts are processed on the 15th of every month or the next business day. You can cancel your monthly gift at any time by calling 613-721-4731.

Please mail or email completed forms to:

Queensway Carleton Hospital Foundation

3045 Baseline Rd, Ottawa ON K2H 8P4

qchfound@qch.on.ca | qchfoundation.ca | 613-721-4731

Charitable Registration No. 13725 3571 RR0001



Queensway Carleton
Hospital Foundation