



Thank you for your support of Queensway Carleton Hospital. To confirm your donation, please fill out the information below and drop off or mail it in to the QCH Foundation office or email a copy to qchfound@qch.on.ca.

Donation Form:

Please process my gift of:

- \$50
- \$100
- \$250
- \$500
- \$1,000
- I prefer to give: _____

I prefer to be a monthly donor:

Please process my monthly gift of: \$ _____ One tax receipt will be issued for gifts received in the calendar year. Gifts are processed on the 15th of the month or next business day. You can cancel at anytime by calling (613) 721-4731

Please direct my gift to:

- Highest priority needs
- This gift is a tribute gift: *(please circle one)* Honour Memory Celebration Appreciation Champions of Care

Name and address of bereaved family / in honour / in celebration

Comments or message to include:

Additional Information:

- Individual Gift
- Corporate Gift
- Anonymous
- Comments:

Your Information:

Name: _____

Address: _____

City: _____ Province: _____ PC: _____

Tel: _____ Email: _____

My cheque is enclosed (make payable to **Queensway Carleton Hospital Foundation**)

I prefer to use my credit card: VISA Master Card AMEX

Card # _____ Expiry Date: _____ / _____
(month/year)

Cardholder's name: _____ Signature (CVV): _____

I prefer to have my monthly donations deducted from my bank account. A void cheque is included.

**Mail or drop off this form with a cheque made payable to: Queensway Carleton Hospital Foundation
3045 Baseline Rd., Ottawa, ON - K2H 8P4
Email: qchfound@qch.on.ca | Phone: 613-721-4731 | Fax: 613-721-4755
Charitable Business # 13725 3571 RR0001**