



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](mailto: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 15<sup>th</sup> 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](mailto:qchfound@qch.on.ca) | Phone: 613-721-4731  
Charitable Business # 13725 3571 RR0001**