



Ottawa Regional  
**Cancer  
Foundation**

**Fondation  
du cancer**  
de la région d'Ottawa

\*required for tax receipt

## I want to donate in honour of someone special.

Title: \_\_\_\_\_ \* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

This is a Corporate Donation      Company Name: \_\_\_\_\_

\* Address: \_\_\_\_\_ \* Prov. / State \_\_\_\_\_

\* Country: \_\_\_\_\_ \* Postal Code / Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

I want my receipt emailed to me

Je préfère recevoir ma correspondance en français

## Who are you celebrating today?

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please send a letter or email notifying the person of my gift (contact information required)

Address: \_\_\_\_\_ Prov. / State \_\_\_\_\_

Postal Code / Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Optional Note Attached to Gift:

## I would like to make a one-time gift of:

**\$25      \$50      \$75      \$100      \$Other \_\_\_\_\_**

**My cheque is enclosed and is made payable to the Ottawa Regional Cancer Foundation**

**I prefer to use my:**    VISA    Mastercard    Amex

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

## THANK YOU FOR YOUR SUPPORT!

### Ottawa Regional Cancer Foundation

1500 Alta Vista Drive  
Ottawa Ontario K1G 3Y9

Charitable Registration #89831 1170 RR0001  
phone: 613-247-3527 fax: 613-247-3526

The Ottawa Regional Cancer Foundation respects your privacy and protects your personal information – we do not rent, sell or trade our lists. We use your personal information to serve you better, to keep you informed through periodic contacts about opportunities to volunteer or donate, funding needs, special events and other activities or developments. If you wish your name to be removed from any of our contact lists, please contact the Foundation Office at 613-247-3527.