



Ottawa Regional
**Cancer
Foundation**

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

*required for tax receipt

Yes! I want to help people facing cancer in our community.

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

I want to become a monthly donor so my gift will go further. I would like to begin automated donations of \$ _____ each month.

The following company will match my donation: _____

Please deduct monthly donations from my bank account. My sample VOID cheque is enclosed.

Name: _____ Date: _____

Signature: _____

I prefer to use my: VISA Mastercard Amex

Card No: _____ Expiry Date: ____ / ____

Name on Card: _____

Signature: _____

Additional Information

Optional Note Attached to Gift:

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

With monthly contributions, payments are deducted on the first business day of the month and you will receive a single tax receipt at the end of the calendar year for the cumulative total of all of your monthly donations. 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.