



Ottawa Regional
**Cancer
Foundation**

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

*required for tax receipt

I would like to donate in memory 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 donating in memory of today?

Title: _____ First Name: _____ Last Name: _____

Please send a letter or email to the family notifying them of my condolences and gift (contact information required)

Title: _____ First Name: _____ Last Name: _____

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.