



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

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

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

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

### Pre-Authorized Debit (PAD) Agreement

I/we authorize The Ottawa Regional Cancer Foundation and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per these instructions for monthly regular recurring payments and/or for payment of all charges arising under my/our agreement with The Ottawa Regional Cancer Foundation. Regular monthly payments for the full amount will be debited to my/our specified account on the 1st day of each month. The Ottawa Regional Cancer Foundation will obtain my/our authorization for any other one-time or sporadic debits. This authority is to remain in effect until Ottawa Regional Cancer Foundation has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). Written Notice must be mailed to the Cancer Foundation with Attention: Gift Processing at the address below. The Ottawa Regional Cancer Foundation may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**I AGREE**

**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.