

Annual Giving Donation Form

Thank you for taking the time to consider supporting The Perley and Rideau Veterans' Health Centre. Your donation will provide the special care that seniors need and deserve.

I am pleased to make a donation of: \$_____

My donation will be made: 2 One-time only 2 Monthly 2 Quarterly 2 Semi-annually 2 Annually

I would like to donate by: Cheque/Money Order payable to the Perley and Rideau Veterans' Health Centre Foundation

Bank Account Authorization

I hereby authorize the Perley and Rideau Veterans' Health Centre Foundation to withdraw the following amount from my bank account: ______

Amount to be withdrawn: _____

Frequency of amount to be withdrawn:

One-time onlyMonthly

Quarterly

Semi-annually

Annually

My sample cheque, marked VOID, is enclosed.

First name:	Last Name:
Salutation:	
Business Name (if applicable):	
Business Title (if applicable): _	
Address:	
City:	
Postal Code:	
Country:	
Telephone Number:	
E-Mail Address:	Confirmation of E-mail address:
Signature:	Date:

The Perley and Rideau Veterans' Health Centre Foundation will provide an income tax receipt for donations of \$10 or more. Charitable No: 12194 8038 RR 0001.

Please print this form, fill out and mail to:

Perley and Rideau Veterans' Health Centre Foundation 1750 Russell Road Ottawa, ON K1G 5Z6 (613) 526-7194