



# YES! I want to support CURE DIABETES!

Title:  Mr.  Mrs.  Ms.  Miss  Other

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Leadership Registry – President’s Council Listing

- YES!** I wish to make a \$1,000 gift or pledge per year and be recognized in the Leadership Registry, part of the Annual Report, and enjoy the exclusive benefits offered to our strongest supporters.

**My Gift or Pledge:** For your convenience, a pledge can be made over 1-5 years. I wish to give:

- \$1,000 per year for \_\_\_\_\_ years (\$83.34 per month)
- \$2,500 per year for \_\_\_\_\_ years (\$208.34 per month)
- \$5,000 per year for \_\_\_\_\_ years (\$416.67 per month)
- I would like to contribute in other ways \$ \_\_\_\_\_ for \_\_\_\_\_ year(s)
- OR one-time gift of \$ \_\_\_\_\_

**PLEASE SEE OVER FOR INFORMATION ABOUT OUR MONTHLY GIVING PROGRAM.**

## Single Payment Options

- I have enclosed my cheque of \$ \_\_\_\_\_ made payable to **The Ottawa Hospital Foundation**

OR

- Please charge my:  VISA  M/C  AMERICAN EXPRESS

Cardholder’s Name: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

- To make a secure on-line donation, please visit our website at [www.ohfoundation.ca](http://www.ohfoundation.ca) and click on “Donate Now”. Please direct your donation to the “Cure Diabetes”.

If you have any questions, please contact Jennifer Van Noort at 613-798-5555 ext 19498 or by e-mail at [jvannoort@ottawahospital.on.ca](mailto:jvannoort@ottawahospital.on.ca)

