



UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

40, RUE RUSKIN STREET, ROOM H2408  
OTTAWA, ON K1Y 4W7  
T 613.761.4790 F 613.761.4907  
WWW.OTTAWAHEART.CA

**I am enclosing a one-time donation of:**

\$35    \$50    \$100    \$250    Other: \$ \_\_\_\_\_

Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_

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

Address \_\_\_\_\_ Suite \_\_\_\_\_

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

Country \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Cheque or money order payable to the *University of Ottawa Heart Institute Foundation*.

Please charge the above amount to my credit card (*please complete credit card information below*).

Credit Card Information            

Name on card \_\_\_\_\_

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Signature \_\_\_\_\_

Type of Donation:    General Donation    In Memory    In Honour

Gift in memory of: \_\_\_\_\_  
(name of deceased)

Gift in honour of: \_\_\_\_\_  
(name of individual)

**Send acknowledgement letter to:**

Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_

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

Address \_\_\_\_\_ Suite \_\_\_\_\_

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

How would you like the letter to be signed? \_\_\_\_\_  
(name or names)

Charitable registration number 14081 3452 RR0001. An official tax receipt will be issued for donations of \$10 or more. Donations from the community are important to the future of the Ottawa Heart Institute. We respect your privacy and protect your personal information and do not rent, trade or sell our mailing lists. If at any time you wish to be removed from our periodic contact with you, please contact the Institute's Chief Privacy Officer at 613-761-4322 or by e-mail: [foundation@ottawaheart.ca](mailto:foundation@ottawaheart.ca).

***Thank you for your support!***



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## Monthly Giving Program

You can provide sustaining support to the University of Ottawa Heart Institute Foundation by joining our monthly giving program. It's convenient – it will save you time, postage and bank fees and it also reduces our costs, allowing more of your gift to be used for patient care and research.

Simply fill out this form, choosing the amount you wish to give, and each month we will automatically deduct that amount from your credit card or bank account. Once a year, in December, you will receive a tax receipt for the total amount you gave for that year.

### Each month I'd like to give:

\$10    \$15    \$20    \$30 (about \$1 a day)    I prefer to give \$ \_\_\_\_\_

Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_

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

Address \_\_\_\_\_ Suite \_\_\_\_\_

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

Country \_\_\_\_\_ Home Telephone (   ) \_\_\_\_\_

E-mail \_\_\_\_\_

I authorize the University of Ottawa Heart Institute Foundation to deduct this amount from my bank account on the first day of each month. I've enclosed a sample cheque marked "VOID".

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

### OR

I authorize the University of Ottawa Heart Institute Foundation to debit my credit card monthly for my donation.

Please bill my      

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number (   ) \_\_\_\_\_

**I understand that I can alter or cancel this plan at any time by notifying the University of Ottawa Heart Institute Foundation. At the end of each calendar year, I will receive a receipt for the total amount of my annual contribution.**