## **Donation Form**



Your donation helps achieve new possibilities and help more people living with mental illness into recovery sooner. Your gift will build a brighter future for mental health care in our community and beyond.

## I am pleased to support the Royal Ottawa Foundation for Mental Health with a gift of:

\$25 \$50 \$100	Other amount:		
Donor Information			
Is this gift on behalf of an or	ganization? Yes	L No	
If yes, Organization name:			
Address:			
			Postal Code:
Preferred Email:			Personal 🔲 Business
			——— 🗌 Home 🗌 Business 🗌 Mobile
Language preference: EN	FR FR		
Recognition			
Please check all that apply:			
This gift is in memory / hor	our / celebration of:		
Name & address of bereav	ed family/person being	honoured:	
First Name:		Last Name:	
Address:			
City:	Prov.:		Postal Code:
The Royal Ottawa Foundat Recognition name:			lonation publicly in the following manner:
I prefer that my donation r	emain anonymous (reco	ognized publicly as	an "anonymous" donation)
Payment Options			
<b>Cheque</b> made payable to	Royal Ottawa Foundation	n for Mental Health.	
	<b>nic Funds Transfer (EF</b> onnor Street, Ottawa, O	-	<i>Foundation for Mental Health.</i> nstitution#: <b>004</b> Transit#: <b>03546</b> Account#: <b>5282120</b>
		-	we do not accept credit card information on this form or y by phone to collect this information securely.
The Royal Ottawa Foundation fo	or Mental Health is a regi	stered charity unde	r the Income Tax Act (Canada). The donor will receive an

official receipt for income tax purposes upon receipt of the gift. (Charitable registration # 11912 9179 RR0001)

## Thank you for helping us provide the best possible patient care and leading-edge research.

DATE: \_\_\_

SIGNATURE:

Contact Us



foundation@theroyal.ca