

YES, I wish to support the Guest House !

Name: \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ (please print)

Bus. Phone: \_\_\_\_\_

Res. Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**My Donation (please choose option A, B or C)**

Total Gift: \$ \_\_\_\_\_

A)  I wish to make a **one-time** donation of \$ \_\_\_\_\_

B)  I wish to make **monthly installments** of \$ \_\_\_\_\_ for  1 year  2 years  3 years  4 years  5 years

C)  I wish to make an **annual donation** of \$ \_\_\_\_\_ for the year(s)  2008  2009  2010  2011  2012

**My Payment Options (please select option 1, 2, 3 or 4)**

1)  **cheque** (enclosed)

2)  **postdated cheque(s)** (enclosed)

3)  **pre-authorized debit** from your chequing account (please attach a void cheque)

Monthly donation, starting on the 1st day of \_\_\_\_\_ / \_\_\_\_\_  
Month Year

4)  **VISA**  **MasterCard**

\_\_\_\_\_ monthly donation, starting on the 1st day of \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\_\_\_\_\_ annual donation, to be withdrawn on the 1st day of the month of \_\_\_\_\_ / \_\_\_\_\_

Card Number: \_\_\_\_\_

Month Year

Name On Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Make cheque(s) payable to:  
The Perley Rideau Veterans'  
Foundation

**Recognition**

For the purpose of recognition, I would like my/our name(s) to appear as (please print):

I wish my contribution to remain confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



ALL DONATIONS ARE TAX DEDUCTIBLE. CHARITABLE REGISTRATION NO. 12194 8038 RR 0001

MAIL TO: Perley and Rideau Veterans' Health Centre Campaign Office;  
1750 Russell Road, Ottawa, ON, K1G 5Z6 Tel: 613-526-7173 Fax: 613-526-7202