Hospice Care Ottawa la Maison de soins palliatifs d'Ottawa

When comfort matters most
Sous l'aile du réconfort

Hospice Care Ottawa

Partners in Comfort Monthly Giving Program

Thank you for considering joining our *Partners in Comfort* monthly giving program. Please complete the form below and return it to Hospice Care Ottawa. Your generous donation will be automatically withdrawn from your bank account or charged to your credit card each month. Hospice Care Ottawa will issue a tax receipt for the full amount of your monthly donations at the end of each year.

You can stop your monthly donation or alter the amount of your gift at any time by contacting Hospice Care Ottawa at (613) 260-2906 Ext. 222 or email lesley.doucette@hospicecareottawa.ca. You may also contact us by mail at 114 Cameron Avenue, Ottawa, ON K1S 0X1.

Thank you for your generous support of Hospice Care Ottawa!

YES, I want to join the Hospice Care Ottawa *Partners in Comfort* monthly giving program. Each month, I want to give the amount of:

◯ $10 ◯ $25 ◯ $50 ◯ I prefer to give $ _____ per month

on the ◯ 1st or ◯ 15th day of the month

Name: _____

Address: _____

_____

Telephone: _____ Email: _____

☐ Check this box if you wish to receive correspondence by email

Signature: _____ Date: _____

Option 1:

◯ I authorize Hospice Care Ottawa to draw these donations from my bank account. My "void" cheque is enclosed.

Option 2:

◯ I authorize Hospice Care Ottawa to charge these donations to my credit card

◯ VISA ◯ MasterCard ◯ American Express

Card Number: _____ Expiry Date: _____

Cardholder's Name: _____

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights or to obtain a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca.