



Yes, I want to support quality Mental Health Care & Research

Please process my one-time gift of:

\$50 \$100 \$250 \$500 \$1,000 I prefer to give: \$ _____

I prefer to support The Royal throughout the year with a monthly gift:

Please process my monthly gift of: \$ _____ (one tax receipt will be sent at the end of each calendar year for the total donation amount)
(You can cancel your monthly gifts at any time by contacting us at 613.722.6521 x 6747)

Please direct my donation to:

- Priority needs
- Campaign for Mental Health
- I prefer to direct my donation to: _____
(your clinical or research program of choice)
- This gift is in memory / in honour / in celebration of: _____
(please circle one) (name)

Name and address of bereaved family / person being honoured or celebrated:

Your Information:

Mr. Mrs. Miss Ms. Other: _____

Name: _____

Address: _____

City: _____ Prov/State: _____ PC / ZIP: _____

Tel: () _____ Fax: () _____ Email: _____

- My cheque / money order is enclosed, made payable to the *Royal Ottawa Foundation for Mental Health*
- Deduct my monthly donations from my bank account. My sample cheque marked "VOID" is enclosed
- I prefer to use my: VISA Master Card

Card #: _____ Expiry Date (month/yr): _____ / _____

Cardholder's Name: _____

Cardholder's Signature: _____

Please complete and fax to the **Royal Ottawa Foundation for Mental Health** at (613) 761-3605
or mail or drop off this form with a cheque to: 1145 Carling Ave., Ottawa, ON K1Z 7K4

For more information, please call (613) 722-6521 ext. 6719 or e-mail foundation@theroyal.ca

Charitable Registration Number: 11912 9179 RR0001