

# DONATION FORM

BN 81629-0483 RR001



## CONTACT INFORMATION

Date  Y  Y  Y  Y  M  M  D  D

Full Name

Address  City  Prov  Postal Code

Tel  E-Mail

Sign me up for the OCH Foundation Newsletter!

## HOW WOULD YOU LIKE TO INVEST IN YOUR COMMUNITY?

I would like to make a monthly gift of

\$15  \$25  \$50 Other \$

Monthly donations are processed on the 1st business day of each month

I would like to make a one time gift of

\$50  \$100  \$250 Other \$

Have you considered or plan to give a Legacy Gift? We'd love to hear from you!

Yes, please contact me regarding Legacy Giving

## PAYMENT INFORMATION

I would like to pay by  CREDIT  CASH  CHEQUE

Card Number

Expiry  CWV (required)

Name on Card

*For Direct Deposit, please attach VOID cheque*

Signature

TOTAL