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DONATION FORM

Make a one-time donation to help support orthopaedic care in your community, become a monthly supporter, or give in honour of someone special (in recognition of a special occasion, birthday, anniversary, wedding or specific holiday, or memorial). Please fill out the form below and mail or fax to the Canadian Orthopaedic Foundation. You can also call in your donation to extension 4 at our main number – please have your credit card information ready.

Step 1 – Donor Details – Please send my tax receipt to:

(For donations of \$20 or more, a tax receipt will automatically be issued by the Foundation no later than February 28.)

First Name _____ Last Name _____
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Step 2 – Donation Details

General Donation: Donation Amount: \$ _____

Monthly Donation: Monthly Donation Amount: \$ _____

I authorize the Canadian Orthopaedic Foundation to charge my monthly donation to my credit card as indicated above.

Signature: _____

In Honour Donation: Donation Amount: \$ _____

In Honour of (name): _____

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Step 3 – Payment Details – Enclose your cheque or complete Credit Card Information below.

£ Cheque (please make your cheque payable to **Canadian Orthopaedic Foundation**)

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Mail or Fax to: Canadian Orthopaedic Foundation

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Tax receipts will be issued by February for donations processed during the previous calendar year.

Charitable Registration Number 89059 4740 RR0001