

MONTHLY GIVING



Yes, I want to help families caring for a family member with a physical disability!

Please select your monthly donation amount: \$10 monthly \$25 monthly
 \$35 monthly \$50 monthly
 \$100 monthly _____

Billing Information

Mr. Mrs. Ms. Dr. Other _____

Name: (please print) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Telephone: _____

My Payment Options

Post-dated cheques (enclosed).

Please make cheques payable to: **The Ottawa Rotary Home Foundation**

Credit card payments:

VISA Mastercard Amex Card # _____

Name on Card: _____ Expiry Date: ____ / ____

Signature: _____

Date: _____

**A minimum monthly gift of \$10/month is required for this option.*

Receipts for all monthly donations made in a calendar year are issued at the end of the year.

Please send your completed form to:

Ottawa Rotary Home Foundation
4637 Bank Street, Ottawa, ON K1T 3W6

Or by fax to: 613.822.8778

Thank you! Your gift helps families in our community stay healthy and strong.