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Canadian Orthopaedic Foundation | Fondation Canadienne d'Orthopédie

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www.whenithurtstomove.org

# DONATION FORM

Make a one-time donation to help support bone and joint health, become a monthly supporter, or give in honour of someone (to recognize a special occasion – birthday, anniversary, wedding – or memorial). Complete the form below and mail or fax to the address/fax number above. Or, call in your donation to extension 221 (have your credit card handy).

**Step 1 – Donor Details – Please send my tax receipt to:**
[A tax receipt will automatically be issued by February 28 for donations of **$20 or more** processed during the previous calendar year]

First Name _____ Last Name _____

Address _____ Apt/Unit # _____

City _____ Prov _____ Postal Code _____

Phone ( ) _____ E-mail _____

*The Canadian Orthopaedic Foundation depends on the generous support of donors and volunteers to fulfill its mission. The Foundation respects your privacy and does not sell, lease, lend or barter its list to anyone. Visit our website (www.whenithurtstomove.org) for a full copy of our Privacy Policy.*

**Step 2 – Donation Details**

***General Donation:***

☐ $50 ☐ $100 ☐ $200 ☐ Other $_____

☐ $206 for my 206 bones (donate $206 or more to be recognized as a Club206 donor)

***Monthly Donation:*** Monthly Donation Amount: $_____ ☐ 1st of month OR ☐ 15th of month
I authorize the Canadian Orthopaedic Foundation to charge my monthly donation to my credit card as indicated above.

Signature: _____

***In Honour / Memory Donation:*** Donation Amount: $_____

☐ In Honour of ☐ In Memory of Name: _____

Send acknowledgement to: _____
Name / Address / City / Province / PC

Personal Note: _____

**Step 3 – Payment Details – Enclose your cheque or enter complete credit card information below.**

☐ Cheque or Money Order (please make your cheque payable to **Canadian Orthopaedic Foundation**)

☐ Credit Card ☐ Visa ☐ MasterCard ☐ American Express

*Card #* *Expiry Date*

___ ___ ___ ___ – ___ ___ ___ ___ – ___ ___ ___ ___ – ___ ___ ___ ___ ___ ___ / ___ ___
*Month* *Year*

CVV: ___ ___ ___ (3-digit code on the signature panel on the back of your card)

_____ _____
Cardholder name Cardholder Signature

☐ Keep my donations anonymous, or ☐ Include my name and gift where donations are recognized

☐ Please send me information about Planned Giving

**Mail or Fax to: Canadian Orthopaedic Foundation**
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Charitable Registration Number 89059 4740 RR0001