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 ____________________________

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