

## 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.whenithurststomove.org](http://www.whenithurststomove.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: \$ \_\_\_\_\_  1<sup>st</sup> of month OR  15<sup>th</sup> 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