

Please fill in the appropriate form and return to the CHHA National Office



My donation to the CHHA is for the amount of \$ \_\_\_\_\_

Cheque # \_\_\_\_\_ Credit card type: \_\_\_\_\_

We accept: Visa or MasterCard

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**One-Time Donation**

*Thank you for your support. Please complete the following information. We accept cheque or credit card. Please do not send cash. Charitable Reg. No. 12995 1109 RR0002*

Billing information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

2415 Holly Lane, Suite 205, Ottawa, ON, K1V 7P2 Toll-Free: 1-800-263-8068 Tel: 613-526-1584 Fax: 613-526-4718 [www.chha.ca](http://www.chha.ca)



I'd like to begin making monthly donations of \$ \_\_\_\_\_

MasterCard  Visa

Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

*I would prefer to make a **Monthly Donation** to CHHA. This way I can spread out my donations to CHHA over 12 months and save administration costs. You may cancel or change your monthly contribution at any time. You will receive one income tax receipt for all donations at the end of the year. Charitable Reg. No. 12995 1109 RR0002*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Method of Payment:  MasterCard  Visa  Cheque

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

**In Memoriam Donation**

*To make a contribution in "memoriam," please fill in this form. A card will be forwarded in your name to the family from our office. A tax receipt will be issued in the amount of your donation. Charitable Reg. No. 12995 1109 RR0002*

Amount of donation \$ \_\_\_\_\_

In Memory of: \_\_\_\_\_

Please send a card acknowledging this donation to:

Name & Address: \_\_\_\_\_

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