



Charitable Donation Form

DONATION OPTIONS

Please check one of the following donation options:

- One Time Donation
- Monthly Donor Plan
Attach a signed cheque marked VOID, indicating monthly amount of donation.
Number of Months _____
- Tribute Gift
Name: _____
Address: _____
Event: _____
- Memorial Gift
In Memory of: _____
Address: _____
- Community Gift
- Please check if you would like us to send a Tribute or Memorial acknowledgement.

I would like to donate the following amount: (please circle)

\$25 \$50 \$100 \$200 \$500 \$1,000

Other amount: _____

* Donations made are tax deductible for Canadian Tax Payers for the amount of \$20 CAD or more.

If you are eligible and require a receipt, please check one of the following:

- Yes, I require a tax receipt
- No, I do not require a tax receipt

PAYMENT DETAILS

I would like to make my donation by:

- Cheque
- Money Order

*Please note that cheques and money orders can only be accepted for CAD dollars.

*Cheques or money orders should be made payable to:

**PETAWAWA CENTENNIAL FAMILY
HEALTH CENTRE**

DONOR INFORMATION		Note: If applicable, Charitable Tax Receipts will be issued to this address.	
Name:	Address:		
City:	Province:	Postal Code:	
Tel #:	Email:		
<input type="checkbox"/> Please check this box if you wish to have your donation remain anonymous			

By donating to the Petawawa Centennial Family Health Centre, you will be helping to improve the health care we can provide for you, your family and your community.

Signature: _____

Name (printed): _____

Date: _____

Please send this form, along with your donation to:

Petawawa Centennial Family Health Centre
 154 Civic Centre Road Petawawa, Ontario K8H 3H5

Canadian Registered Charitable Organization #855942835RR0001

We Thank You for Your Donation!