☐ ***Yes! I would like show my commitment to improving the health of children and youth through monthly donations by becoming a CHEO Bear Care Club Member.***

This donation is made on behalf of: ☐ **an individual** ☐ **an organization**

Name (Dr./Mr./Mrs./Ms./Mr. & Mrs.)**:** _____

Tax Receipt Issued To: _____

Address: _____

City: _____ **Prov:** _____ **Postal Code:** _____

Phone: Home _____ Cell _____ Work _____

Email: _____

☐ I would like to receive my consolidated tax receipt by email.

Please fill out only one of the two options below:

Donations by Credit Card:

Form of Payment: (Check One) ☐ Visa ☐ Mastercard ☐ American Express

* ☐ Process my donation on the 1st * ☐ Process my donation on the 15th

___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___ **Expiry** ___ ___ / ___ ___

Donations by Debit from Bank Account (Please attach a VOID cheque):

Name of Financial Institution: _____

*Bank charges will be processed at the end of the month.

Branch/Transit Bank Account Number
___|___|___|___|___ - ___|___|___ -___|___|___|___|___|___|___|___|___|___

I, as the account/card holder, authorize the CHEO Foundation to debit my account
for a donation in the amount of $_____ per month.

I understand that I can suspend my direct giving at any time, simply through a phone call or written notice to the CHEO Foundation. I also understand that my contribution is tax-deductible. A tax receipt will be issued to me at the beginning of the next calendar year.

I acknowledge that delivery of this authorization to the CHEO Foundation constitutes delivery by me to the above-noted financial/credit institution.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

_____ _____

Signature of Account/Card Holder(s) Date

Please return form by mail or fax to:
CHEO Foundation
415 Smyth, Ottawa, ON K1H 8M8
Telephone: 613-737-2780 • Fax: 613-738-4818