



**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 1<sup>st</sup>                      \*  Process my donation on the 15<sup>th</sup>

\_\_\_\_\_ 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](http://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