



YES, I WANT TO SUPPORT TEAM PERLEY HEALTH!

I would like to make a one-time gift of:

\$20 \$35 \$50 \$100 Other: \$_____

In Support of Team Member: _____

Donor Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Method of Payment

Credit Card #: _____

Expiry: _____ Signature: _____

I've enclosed a cheque made payable to: Perley Health Foundation

I've enclosed my cash donation

Tax receipts are issued for all gifts of \$10 or more.



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613-526-7173 | www.perleyhealthfoundation.ca
Charitable Registration #12194 8038 RR0001

