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Yes, I would like to make a gift!

Mr. Mrs. Mr. & Mrs. Dr. Ms.

First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____
Country: _____ Postal Code: _____
Phone Number: _____ Fax Number: _____
E-mail: _____

I want to help purchase medical equipment with my gift of:

\$10 \$25 \$50 \$100 \$250 Other _____
 Visa MasterCard Amex My cheque is enclosed.

Card Number: _____ Expiry: ____/____
Name on card: _____

If your gift is in someone's honour or memory, please complete the following:

In memory / honour of: (please circle) _____
Please send an acknowledgment to: _____

Message/instructions: _____

Thank-you for making a difference!

We value your privacy.

We do not sell, trade or share our mailing lists. The information you provide will be used to keep you informed about the activities of the Foundation, including services, special events, opportunities to give and more. If at any time you wish to be removed from any of these communications, contact us at (519) 372-3925 or email office@oshfoundation.ca. Please allow 15 business days to update our records.