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Yes, I would like to make a gift!

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

First Name: _____ Last Name: _____

Company (if on behalf of a business): _____

Address: _____

City: _____ Province: _____ PC: _____

Phone Number: _____ E-mail: _____

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

\$25 \$50 \$100 \$250 Other _____

Visa MasterCard Amex My cheque is enclosed.

Card Number: _____ Expiry: ____/____

Name on card: _____

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

In memory In honour of: _____

Please send an acknowledgment to: _____

Message / special 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.