

Donation Form

Donor information

First Name _____ Last Name _____

Address _____

City _____ Province _____

Postal Code _____ Country _____

Phone _____ E-Mail _____

Donation

I wish to make a donation of \$500 \$250 \$100 \$50 \$_____

Enclosed is a cheque made out to the *Physiotherapy Foundation of Canada*.

Please charge my donation to my MasterCard VISA American Express

Card #: _____ Expiry date: _____

Signature: _____

(Please print and sign)

I am forwarding \$_____ raised at my fundraising event

Please describe your event: _____

If applicable, this gift is:

In memory

Remember someone special by giving a gift in their memory. The Physiotherapy Foundation of Canada will send a card acknowledging your thoughtful donation to the person of your choice.

In honour

Give a gift to honour someone close to you for a birthday, an anniversary, a wedding, to celebrate a birth of baby, or other special occasion. The Physiotherapy Foundation of Canada will send a card acknowledging your thoughtful donation to the person of your choice.



This donation is in memory/honour of:

Name _____

Occasion _____

Please send an acknowledgement of my donation to:

First Name _____ Last Name _____

Address _____

City _____ Province _____

Postal Code _____ Country _____

Phone _____ E-Mail _____

Please email, mail, or fax this form to:

Physiotherapy Foundation of Canada

955 Green Valley Crescent, Suite 270

Ottawa, ON K2C 3V4

Phone: 1-800-387-8679 ext. 253 Fax: 613-564-1577

foundation@physiotherapy.ca

www.physiotherapy.ca/make-an-impact

Thank you for transforming lives through physiotherapy research and education