

Donor information

First Name _____ Last Name _____

Address _____

City _____ Province _____

Postal Code _____ Country _____

Phone _____ E-Mail _____

Donation

Donation Amount \$ _____

My cheque is enclosed

Please charge my donation to my MasterCard VISA American Express

Card Number _____ Expiration _____

Name of cardholder _____ Signature _____

(Please print out the form and sign)

Donation in memory / in honor

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 honor

Give a gift to honor 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.

Who is this donation in memory/honor of:

Name _____

Occasion (in honor donations) _____

Please send an acknowledgement of my donation to:

First Name _____ Last Name _____

Address _____

City _____ Province _____

Postal Code _____ Country _____

Phone _____ E-Mail _____

Mail or fax your completed form along with your donation to:

Physiotherapy Foundation of Canada
955 Green Valley Crescent, Suite 270
Ottawa, ON K2C 3V4
Canada

Phone: (613) 564-5454 Toll-Free: 1-888-285-4136 Fax: (613) 564-1577

Email: foundation@physiotherapy.ca

<http://www.physiotherapy.ca/Foundation>

Thank you so much for supporting world-class physiotherapy research!