



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

Yes I wish to donate to Ostomy Canada Society Inc.!

Name: _____

Address: _____

Street, Box Number, Rural Route number: _____

Apt. Number: _____ **City:** _____

Province: _____ **Postal code:** _____

Telephone: _____ **Email:** _____

Amount of donation: (please check) ___\$100 ___\$75 ___\$50 ___\$25 ___\$10 ___Other Amount \$_____

Your donation will be directed to the general operating funds of **Ostomy Canada Society**, unless it is your wish that it be directed to support a specific program or service. You may note any special instructions below.

If you desire, your donation may be in memory of someone. An acknowledgement of your donation can be sent at your request.

This donation is in memory of: (First and last names). Please send acknowledgement of the donation to:

Name: _____

Address: _____

Street, Box Number, Rural Route number: _____

Apt. Number: _____ **City:** _____

Province: _____ **Postal code:** _____

Please make your cheque payable to Ostomy Canada Society Inc., and send it to:

Ostomy Canada Society Inc.
5800 Ambler Dr., Suite 210
Mississauga, ON L4W 4J4

Thank you for your generosity and support.