



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

Yes, I want to help Ostomy Canada Society achieve its goals.




I am enclosing a cheque made payable to the **Ostomy Canada Society Inc.**

Name: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Please charge my:   

Card Number: _____ Expiry Date: ____/____

Signature: _____ **Name on card:** _____

Note: Your donation will be directed to the General Fund of Ostomy Canada Society Inc., unless directed to support a specific program, i.e. Youth Camp, Shane Banfield Fund or Stoma Stroll Fund. You may note any special instructions below.

If you desire, your donation may be made as a tribute to someone. An acknowledgement of your donation can be sent to the individual or family at your request. Please include the following information:

This donation is a tribute to: _____

Please send acknowledgement of the donation to:

Name: _____

Address: _____

City: _____ Postal Code: _____

Yes, I would like to receive email communications from Ostomy Canada Society Inc. I understand that I can withdraw my consent at any time.

Please do not publish my name in Ostomy Canada magazine.

Note: If email is provided, an electronic receipt will be issued, otherwise a tax receipt will be mailed for donations of \$25.00 or more.

Mail to: Ostomy Canada Society Inc., 5800 Ambler Drive, Suite 210, Mississauga, ON L4W 4J4