

Citizen Advocacy Run for Everyday Champions 2012 Donation Form

Please return forms and money to Citizen Advocacy of Ottawa, 312 Parkdale Ave.
All forms and funds must be received by Friday May 25th, 2012
All those who raise over \$100 will receive a Citizen Advocacy **Run for Everyday Champions** t-shirt.



citizen advocacy
parrainage civique

Last Name	First Name		
Address	City	Province	
Postal Code	Phone # ()	Email	

PLEASE PRINT CLEARLY. IN ORDER TO RECEIVE A TAX RECEIPT, THE DONOR MUST PROVIDE A COMPLETE AND LEGIBLE NAME AND ADDRESS.						Cash	Cheque	Credit Card	Tax Receipt	Paid
NAME <i>Jane Doe</i>	PHONE <i>(613) 777-0182</i>	EMAIL <i>jane@abcdefg.net</i>								
X STREET <i>555 Main Avenue</i>	CITY <i>Ottawa</i>	PROV <i>ON</i>	POSTAL CODE <i>A1B 2C3</i>	OPT OUT <input type="checkbox"/>			<i>40</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CARD # <i>4695 1755 0115 2114</i>	EXP. <i>11/14</i>	NAME ON CARD <i>Jane Doe</i>	X <i>Jane Doe</i>							
1 NAME	PHONE	EMAIL								
STREET	CITY	PROV	POSTAL CODE	OPT OUT <input type="checkbox"/>						
CARD #	EXP.	NAME ON CARD	X							
2 NAME	PHONE	EMAIL								
STREET	CITY	PROV	POSTAL CODE	OPT OUT <input type="checkbox"/>						
CARD #	EXP.	NAME ON CARD	X							
3 NAME	PHONE	EMAIL								
STREET	CITY	PROV	POSTAL CODE	OPT OUT <input type="checkbox"/>						
CARD #	EXP.	NAME ON CARD	X							
4 NAME	PHONE	EMAIL								
STREET	CITY	PROV	POSTAL CODE	OPT OUT <input type="checkbox"/>						
CARD #	EXP.	NAME ON CARD	X							
5 NAME	PHONE	EMAIL								
STREET	CITY	PROV	POSTAL CODE	OPT OUT <input type="checkbox"/>						
CARD #	EXP.	NAME ON CARD	X							

PLEASE PRINT CLEARLY. IN ORDER TO RECEIVE A TAX RECEIPT, THE DONOR MUST PROVIDE A COMPLETE AND LEGIBLE NAME AND ADDRESS.					Cash	Cheque	Credit Card	Tax Receipt	Paid	
6	NAME	PHONE	EMAIL							
	STREET	CITY	PROV	POSTAL CODE						OPT OUT <input type="checkbox"/>
	CARD #	EXP.	NAME ON CARD	X						
7	NAME	PHONE	EMAIL							
	STREET	CITY	PROV	POSTAL CODE						OPT OUT <input type="checkbox"/>
	CARD #	EXP.	NAME ON CARD	X						
8	NAME	PHONE	EMAIL							
	STREET	CITY	PROV	POSTAL CODE						OPT OUT <input type="checkbox"/>
	CARD #	EXP.	NAME ON CARD	X						
9	NAME	PHONE	EMAIL							
	STREET	CITY	PROV	POSTAL CODE						OPT OUT <input type="checkbox"/>
	CARD #	EXP.	NAME ON CARD	X						
10	NAME	PHONE	EMAIL							
	STREET	CITY	PROV	POSTAL CODE						OPT OUT <input type="checkbox"/>
	CARD #	EXP.	NAME ON CARD	X						
TOTAL					\$					

Please make cheques payable to Citizen Advocacy of Ottawa. Tax receipts will be issued for donations of \$10.00 or more. Donor's name and address must be complete and legible.

** I consent for Citizen Advocacy of Ottawa to collect the information provided above to use for follow-up contacts, statistical purposes and to process and recognize my donations. All Citizen Advocacy donors who have contributed in the last year will receive the Citizen Advocacy Rapport newsletter three times per year, be recognized in the Annual Report and have voting rights at the Annual General Meeting. I am aware that I may withdraw my consent for Citizen Advocacy to use my information for anything other than processing my gift by checking the "opt out" box beside my name. If I do not wish to receive a tax receipt, I am aware that I can use the name 'Anonymous'. Tax receipts cannot be issued to anonymous donors.*

Our vision is of a community that welcomes and values the participation and contribution of all its citizens, including those who live with disabilities.
Our mission is to enhance personal choice and community participation for people living with disabilities through advocacy support.

Thank you for your support!

Citizen Advocacy of Ottawa, 312 Parkdale Avenue, Ottawa, ON, K1Y 4X5
 Phone # 613-761-9522 / Fax # 613-761-9525 Charitable Registration # 13036 2817 RR0001