



Donation Form

Ornge... Propelling Life with Innovation

To send a donation to the Ornge Foundation, please print and complete this form (the information is required for receipt purposes) and mail it to:

Ornge Foundation

5310 Explorer Dr, Mississauga, ON L4W 5H8

Tel: 647.428.2005 or 1.800.251.6543

Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City: _____ Province: _____ Postal Code: _____

Telephone (H): _____ Telephone (W): _____

Email: _____

Yes, I would like to make a donation of:

\$25 \$50 \$75 \$100 Other: _____

Visa MasterCard

Card #: _____ Exp: _____ (mm/yy)

Name on card: _____ Signature: _____

I am interested in becoming a recurring (monthly, quarterly or semi-annual) donor. Please contact me.

If your gift is in memory or honour of someone please let us know the following:

Name: _____ *In honour of / In memory of* (Please circle)

Please send an acknowledgement card to:

Name: _____ Relationship: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Personal message: _____

Charitable Registration # 85677 3585 RR0001
Charitable gift receipts will be issued for gifts of \$10 or more.

**Thank you for making
a difference!**