



**Unitarian House** – We call it home  
**Maison unitarienne** - C'est notre chez-nous

20 Cleary Avenue, Ottawa, ON K2A 3Z9  
 Phone: 613-722-6690 • Fax: 613-722-6695  
 Website: [www.unitarianhouse.ca](http://www.unitarianhouse.ca)  
 Email: [info@unitarianhouse.ca](mailto:info@unitarianhouse.ca)  
 Canadian charity # 119276111 RR0001

**Donation Form**

**Please print this form and mail or fax to the address or fax number above**

Your name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Donation:  Individual  Corporate

Complete if applicable:  In Memory  In Honor of \_\_\_\_\_

Please send notification to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SINGLE DONATION** of \$ \_\_\_\_\_ (a receipt will be sent immediately)

Enclosed is my cheque  I prefer to donate using my  Visa  MasterCard

Cardholder Name:  As above or \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry Date: (mm/yy) \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**UNITARIAN HOUSE \*MONTHLY GIVING PLAN**

I wish to make automatic monthly donations to help maintain Unitarian House and enhance the lives of the residents who call it "home." \*An annual receipt will be issued for the total amount donated through the Monthly Giving Plan. (Please choose one, below):

withdrawal from my bank account

**Chequing Account Authorization**

To authorize Unitarian House of Ottawa to deduct a donation on the 15<sup>th</sup> day of each month, **please complete the "Pre-Authorized Debit (PAD) Agreement form.** Don't forget to include a specimen cheque marked "VOID." This form is provided for your protection as well as for that of Unitarian House and may be revoked at any time, subject to notice in writing of 10 business days. For more information, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

credit card payment

**Credit Card Authorization**

I authorize Unitarian House of Ottawa to deduct \$ \_\_\_\_\_ from my credit card on the 15<sup>th</sup> day of each month. I understand that I can change or cancel this agreement at any time by notifying Unitarian House in writing.

Please charge my  Visa  MasterCard

Cardholder Name:  As above or \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Thank you for supporting "Our Home!"**

*Privacy Statement: Unitarian House does not sell, or make available, information about donors without the consent of the individual(s).*