



HEALTH STARTS AT HOME

## Monthly Giving Donation Form

Please complete and mail, fax or email this form to:

**VON Canada**

100-2315 St. Laurent Blvd, Ottawa, Ontario, K1G 4J8

Tel: (613) 288-3482 (Toll free) 1-888-VON-CARE

Fax: (613) 230-4376 or Email: [fd@von.ca](mailto:fd@von.ca)

Visit [www.GiveToVON.ca](http://www.GiveToVON.ca) to make a secure online donation.

### Contact Information

First Name		Last Name / Organization	
Address		City	
Telephone	( )	Ext:	Province
			Postal Code
Email Address		Country	
How did you hear about VON?			
For recognition purposes, I would like to be identified as:			

### Donation Information

<input type="checkbox"/>	I wish to make a donation to <b>VON Canada</b> that will benefit the entire Victorian Order of Nurses
<input type="checkbox"/>	Please direct my donation to a <b>specific site:</b> _____
<input type="checkbox"/>	I wish to make a donation to the <b>Dr. Helen Mussallem VON Education Fund</b> or <b>Dr. Judith Shamian Management and Leadership Education Fund</b> (please circle)
<input type="checkbox"/>	I wish to make a donation to the <b>Clinical Mobility Campaign</b>
<input type="checkbox"/>	Please direct my donation to a specific <b>VON program area:</b> _____
<input type="checkbox"/>	* I would like to make a <b>Tribute/In Memoriam Gift Donation</b> in the honour of: _____
	* If you are making a <i>Tribute/Memoriam Gift Donation</i> , please include the full address of the person you are acknowledging separately so we may send a letter of acknowledgement.
Donation Amount	\$ _____ per month

### Payment Information

<input type="checkbox"/>	Please deduct the amount I've indicated above from my chequig account on the 1 <sup>st</sup> day of each month. I've enclosed a cheque marked "VOID".
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
<input type="checkbox"/>	Card Holder Name: _____
	Card Number: _____ Expiry Date: _____

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