

Please print and fill out this gift form.

Please return to:

PHE Canada
2451 Riverside Drive
Ottawa, ON K1H 7X7



Championing Healthy, Active Kids!

Personal Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

I would like an electronic receipt

I would like to subscribe to PHE Canada e-communications

Donation Details

YES, I want to be a champion for healthy, active kids through efficient monthly giving.

I would like to give:

\$10 per month \$25 per month \$50 per month

\$ _____ per month, on the

1st day of each month **or** 15th day of each month

I prefer to make a one-time donation.

I would like to give:

\$25 \$50 \$150 \$300

Other \$ _____

Donation Type:

Personal Corporate/Group

Company Name/Group _____

Anonymity:

If you wish to remain anonymous (not recognized in annual report, etc.), please write 'NO' following the colon: _____

Dedication

No dedication In memory of _____ In honour of _____

Message for Physical and Health Education Canada (optional)

Payment Information

Please debit my bank account. My cheque marked VOID is enclosed.

Please charge my credit card: MasterCard VISA AMEX

Card Number: _____ Expiry Date: _____ CVV: _____

I have enclosed my cheque payable to PHE Canada (for one-time donation only)

For monthly donations, I agree to waive my right to receive pre-notification of any debits under this agreement. I acknowledge that I can request to make changes to the amount noted above simply by contacting PHE Canada at 613-523-1348 or via email at info@phecanada.ca, providing 15 days notice.

Signature: _____ Date: _____