

Jewish Federation of Ottawa Donation Form

Salutation: Mr , Mrs , or Ms

First Name: _____

Middle Name: _____

Last Name: _____

Title: _____

Organization/Company: _____

Address line 1: _____

Address line 2: _____

City: _____ Province/State: _____

Postal Code: _____ Country: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____ Fax: _____

E-mail Address: _____

Contact Information is my home address

Annual Campaign donation amount: _____ This is a new gift.

Disaster Relief amount: _____ Payment toward an existing pledge.

Credit Card: Amex , Visa , MasterCard

Credit Card Number: _____

Expiry Date: _____

Name on Card: _____

Cheque:

Please send this form (and cheque if applicable):

**Jewish Federation of Ottawa
21 Nadolny Sachs Private
Ottawa, Ontario K1A 1R9
Attention: Finance Department**

THANK YOU FOR YOUR SUPPORT.

Questions? Contact Jean Myers at jmyers@jewishottawa.com or 613 798-4696, ext. 242



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