

Ottawa Humane Society PAW Program



On the first business day of every month I would like to help Ottawa's animals by donating:

\$5 \$10 \$20 \$25 Other \$ _____

Today's Date: _____ / _____ / _____
DD MM YY

Method of payment

   Cheque (VOID cheque enclosed)

Card #: _____ - _____ - _____ - _____

Expiry Date: _____ - _____

Name on Card (please print): _____

Signature: _____

I authorize the Ottawa Humane Society to arrange automatic monthly withdrawals from my bank account or credit card. I may change or cancel this authorization at any time by emailing paw@ottawahumane.ca or by calling 613-725-3166 ext. 263.



Donor Information

Mr. Mrs. Ms. Miss Dr. _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone # home: _____ work: _____

E-mail: _____



Please mail, fax, drop off or email your gift to: Ottawa Humane Society, 245 West Hunt Club Road, Ottawa, Ontario K2E 1A6 • Fax: 613-725-5674 • email: paw@ottawahumane.ca
Charitable Registration Number: 123264715 RR0001 • PAW program members will be sent a tax receipt at the end of the year.

Our animals THANK YOU for your support!

Office use only:
Ph _____ Walkin _____