

# VON CANADA (VICTORIAN ORDER OF NURSES) DONATION FORM



Please complete and return by email to [fd@von.ca](mailto:fd@von.ca), or mail it to  
VON Canada, Donations Processing Centre, 100-2315 St. Laurent  
Blvd., Ottawa, Ontario K1G 4J8.

## Donor Contact Information

Mrs/Mr/Ms: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Organization (corporate gifts only): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

For recognition purposes, I would like to be identified as: \_\_\_\_\_

## Donation Information

I wish to make a donation to VON Canada that will benefit the entire Victorian Order of Nurses

Please direct my donation to a specific VON site: \_\_\_\_\_

Please direct my donation to a specific VON program: \_\_\_\_\_

\*I would like to make a Tribute or In Memoriam gift in honour of: \_\_\_\_\_

\*if you are making a Tribute or In Memoriam gift, please provide the full address of the person you wish to honour so we may send a letter of acknowledgement: \_\_\_\_\_

## Payment Information

### OPTION 1: Single Donation

Donation Amount: \$ \_\_\_\_\_

I've enclosed a cheque made payable to VON

OR

I've enclosed cash in the amount above

OR

Please charge my VISA  MASTERCARD  AMEX

Card #: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

### OPTION 2: Monthly Donation

Donation Amount: \$ \_\_\_\_\_ per month

I've enclosed a blank cheque marked VOID. I authorize the Victorian Order of Nurses to deduct the amount above on the 1<sup>st</sup> day of each month. I understand I may change or cancel my contribution at any time with written notice.\*\*

OR

I authorize the Victorian Order of Nurses to charge the amount above to my credit card on the 1<sup>st</sup> day of each month.

Please charge my VISA  MASTERCARD  AMEX

Card #: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

\*\*You have certain rights if any debit does not comply with this agreement. For further information on your right to cancel Pre-Authorized Debit Agreement and/or recourse rights, please contact your financial institution or visit [www.cdnnpay.ca](http://www.cdnnpay.ca).