



**Yes, I believe in a community that welcomes
and values all people with disabilities.**

312 Parkdale Avenue, Ottawa, Ontario, Canada K1Y 4X5

Check one: Dr. Miss Ms. Mr. Mrs. Mr. And Mrs. Other: _____
Name(s): _____
Address: _____ City: _____
Province: _____ Postal code: _____
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 I have enclosed a cheque marked "void" to begin my automatic monthly donations.
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I prefer to make my monthly gift on the 1st of each month 16th of each month

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\$25 \$35 \$55 \$75 \$100 I prefer to give \$ _____
 My cheque payable to *Citizen Advocacy of Ottawa* is enclosed.
 Please bill my Visa Master Card
Card #: _____ Expiry date: ____/____
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You can also make a gift through our website: www.citizenadvocacy.org.

I would like to receive information about providing for Citizen Advocacy in my will.
 I would like my donation to be anonymous. (Otherwise, my name will be published in recognition.)

We do not sell, trade or otherwise share our mailing lists. The information you provide will be used to deliver services, to provide tax receipts, and to keep you informed and up to date on the activities of Citizen Advocacy, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts. If at any time you wish to be removed from our list, simply contact us by phone at 613-761-9522 or via e-mail at info@citizenadvocacy.org. Please allow 15 business days for us to update our records accordingly. Citizen Advocacy of Ottawa is a Canadian registered charity No. 13036 2817 RR0001. Tax receipts will be issued only for donations of \$10 or more unless requested. Thank you for your support.