



On **foot** or by **bike**,
I transform my Outaouais.

Donation Form

This year, I have committed myself to move for a cause near and dear to my heart : the fight against cancer. The **Outaouais Against Cancer** campaign organized by the Gatineau Health Foundation as part of a fundraiser that **aims to raise \$300,000**. This year, regardless of their chosen challenge, all participants commit to raising a minimum of \$250. This is why I need your support.

The cause

All proceeds from the the **Outaouais Against Cancer** campaign will be invested in the **fight against cancer** at the **CISSS de l'Outaouais**.

I AM DONATING TO ...

- I am donating to the Outaouais Against Cancer Campaign
- I am donating to this participant : _____
Team's Name : _____
- I am donating to this team : _____

For each donation of \$20 or more, the Gatineau Health Foundation will issue a tax receipt.

DONOR'S INFORMATIONS

***In order to limit contacts, the Foundation prefers to receive checks by mail.**

First name : _____
 Name : _____
 Address : _____
 City : _____ Province : _____
 Postal code : _____
 Phone : _____

Donation Amount : \$100 \$50 \$25

Other : _____

Method of Payment

Cash Check*

I want to receive my receipt by email Yes No

Email : _____

* Please make your check payable to Gatineau Health Foundation and send it at the following address : 900, De la Carrière Blvd, suite 202, Gatineau, (Qc), J8Y 6T5

Administratives informations

Occasion : Outaouais contre le cancer 2023 (OCLCANCER23)

Activités : Don campagne (CANCER23.DCCA), don participant (CANCER23.DPCA), don équipe (CANCER23.DECA)