

HERITAGE OTTAWA GIFT MEMBERSHIP FORM
Complete and return with payment by cheque.

PURCHASER

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____

PHONE _____

EMAIL _____

Mail cheque to:

Heritage Ottawa
2 Daly Avenue,
Ottawa, ON
K1N 6E2

GIFT RECIPIENT

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____

PHONE _____ EMAIL _____

CATEGORY OF MEMBERSHIP

- Individual \$30.00

Are you a Heritage Ottawa member? YES___ NO___

CHARITABLE DONATION: \$ _____

Official tax receipts are issued for charitable donations over \$25.00

Charity Registration Number: 893096776 RR 0001

TOTAL PAYMENT \$ _____ Make cheque payable to Heritage Ottawa

PERMISSION (*Only information that is necessary to conduct Heritage Ottawa business is collected. Your information is not shared with other organizations.*)

I give Heritage Ottawa permission to contact me via email or telephone.

Signature: _____

Date: _____

HERITAGE OTTAWA | PATRIMOINE OTTAWA

2 DALY AVENUE, OTTAWA, ON K1N 6E2 | 613-230-8841 | INFO@HERITAGEOTTAWA.ORG | WWW.HERITAGEOTTAWA.ORG