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

PURCHASER
FIRST NAME _____________________________________________
LAST NAME _____________________________________________
ADDRESS ________________________________________________

CITY ____________________ PROVINCE ___________

POSTAL CODE ________________

PHONE ________________________
EMAIL ____________________________

GIFT RECIPIENT
FIRST NAME _________________________________________
LAST NAME _________________________________________
ADDRESS ____________________________________________

CITY ____________________ PROVINCE ___________

POSTAL CODE ________________

PHONE ________________________ EMAIL ____________________________

CATEGORY OF MEMBERSHIP
  o 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: ___________________________

Mail cheque to:
Heritage Ottawa
2 Daly Avenue,
Ottawa, ON
K1N 6E2