## **Ohev Yisroel**

## **Payment Details Form**

Name:					
Address:				-	
City:	Province/State: _		Postal Code:		
Telephone:	E-mail:			_	
I am unable to parti	icipate, but I would like to	o make	a donation of \$		
Method of payment	t: (check one)				
Cheque (Payabl	e to Ohev Yisroel)				
Credit Card	☐ Visa		Master Charge		
Card Number:			_ Expires:	<u> </u>	
Cardholder's Signa	ture:			_	
• Alternatively, g	go to our secure payment	webpag	ge: https://secure.ca	rdknox.com/ohevyisroel	
• If sending by po	ostal mail, please return to	o:			
Ohev Yisroel, 1	95 Marlborough Ave., Ot	ttawa K	X1N 8G3		
• If sending by e-	If sending by e-mail please return to: ohevyisroel@gmail.com				

Submitters of greetings / ads will receive tax receipts as per the Canada Revenue Agency guidelines