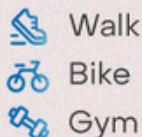


June 14<sup>th</sup>, 2025  
Espace Canevas

Register now

Take on the challenge  
and transform lives!



Olivier &  
Suzanne

## 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 \$100,000**. 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 Outaouais Health Foundation will issue a tax receipt.**

#### DONOR'S INFORMATIONS

First name : \_\_\_\_\_  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ Province : \_\_\_\_\_  
Postal code : \_\_\_\_\_  
Phone : \_\_\_\_\_

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

☐ Other : \_\_\_\_\_

Method of Payment

☐ Cash ☐ Check\*

\* Please make your check payable to Outaouais Health Foundation and send it at the following address :  
173 rue Gamelin, Gatineau, (Qc), J8Y 1W1

I want to receive my receipt by email ☐ Yes ☐ No

Email : \_\_\_\_\_

THANK YOU!

By completing this form, I consent to the collection of my personal information. For further information, please visit  
<https://www.fondationsantegatineau.ca/en/politique-de-confidentialite/>

Administratives informations

Occasion : Outaouais contre le cancer 2025(OCLCANCER25)

Activités : Don campagne (CANCER25.DC), don participant (CANCER25.DP), don équipe (CANCER25.DE)