



Heart Defects Society of Windsor and Essex County

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Registered Charity Number #89893 7818 RR0001

Contact Form

All questions are optional. For questions with check boxes, please check all that apply.

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

May we contact you in the future for HDS Events? Yes No

How may we contact you? Email Phone Canada Post

Were you born with a Congenital Heart Defect? Yes No

Was a loved one born with a CHD? Yes No

If so, which defect(s)? _____

Name of person born with CHD: _____

Birthday of person born with CHD: _____

How did you hear about the Heart Defects Society? Word of mouth Media
 Doctor/Nurse Other

If other, please explain: _____

Are you willing to volunteer with the HDS? Yes Not at this time

If Yes, in which ways?

Peer Support Social Event Planning Advertising New Ideas
 Public Awareness Fundraising Activities Newsletters Other _____

Date: _____

All information collected will be used solely by the Board of Directors of the Heart Defects Society of Windsor and Essex County to keep you informed of happenings within the HDS, or for volunteer positions if you indicated you would be willing to do so. None of your information will be given to outside parties, or used in any other purpose without your express consent. If you wish to retract any answers, please contact us at any time, and request the information be deleted from our records.