Your gift to UHN Foundation will help reimagine the future of health care.

Please accept my gift of $ _____

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This is a (check one):

- ❑ **One-time gift**
- ❑ Recurring **monthly gift** (please choose from the options below)
  - ❍ I authorize UHN Foundation to receive the above amount on the ❑ 1st or ❑ 15th of every month or the next business day
  - ❍ Please debit my bank account monthly (please provide a blank cheque marked VOID)
  - ❍ I prefer to use my credit card (please fill out credit card details below)

Is this gift on behalf of an organization? ❑ Yes ❑ No

If yes, organization name: _____

Donor information

Title: Name:

Address:

City: Province/state: Postal/zip code: Country:

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❑ I work at UHN

Is this gift in honour or in memory of someone? ❑ Yes ❑ No

If yes, please provide details on the next page.

Payment information

❑ I've enclosed a cheque payable to UHN Foundation

❑ I would like to pay by: ❍ Visa ❍ MasterCard ❍ American Express

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Name of cardholder: Expiry:

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In Honour / In Memory / Honour Your Hero

❑ In honour ❑ In memory ❑ Honour Your Hero

Name of honouree: _____

Would you like to send a message of acknowledgment? ❑ Yes ❑ No

If yes, please provide recipient info:

Title: Name:

Address:

City: Province/state: Postal/zip code: Country:

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Special message:

Estate Giving

❑ Please send me information about leaving a gift to UHN Foundation in my will

❑ I have already included UHN Foundation in my will

Please return this form to:

UHN Foundation
R. Fraser Elliott Building
5th Floor, 5S-801
190 Elizabeth Street
Toronto, ON M5G 2C4

Thank you for your generous support!

For donations less than $15, receipts will be issued upon request only.

UHNITED UHN Foundation

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