

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

Please accept my gift of \$ _____

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UHNfoundation.ca/printdonate



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: _____

Phone: _____ Email: _____

☐ 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

Card no.: _____

Name of cardholder: _____ Expiry: _____

Signature: _____ Date: _____

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: _____

Phone: _____ Email: _____

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.



R. Fraser Elliott Building, 5th Floor, 5S-801, 190 Elizabeth Street, Toronto, ON M5G 2C4
T 416-603-5300 | F 416-340-4864 | Toll Free 1-877-846-4483 (1-877-UHN-GIVE) | foundation@uhn.ca | UHNfoundation.ca
Charitable organization no. 12386 4068 RR0001

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

You can change or cancel your monthly donation at any time simply by contacting us toll-free at 1-877-846-4483 or contact@uhnfoundation.ca

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