

# Your gift to UHN Foundation will help build a healthier world.

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Please accept my gift of \$ \_\_\_\_\_

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)
- Pledge** to be paid equally in annual payments over \_\_\_\_\_ years.  
Please process my first payment of \$\_\_\_\_\_.

Is this gift on behalf of an organization?  Yes  No

If yes, organization name: \_\_\_\_\_

## Donor information

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Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

If yes, please provide details on the next page.

## Payment information

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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 Giving

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In honour     In memory

Name of person you are commemorating: \_\_\_\_\_

Would you like to send an acknowledgment card?     Yes     No

If yes, please provide recipient info:

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

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

Special message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Estate Giving

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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  
190 Elizabeth Street, 5th Floor  
Toronto ON M5G 2C4

## Thank you for your generous support!

For donations less than \$20, receipts will be issued upon request only.



Toronto General  
Toronto Western  
Toronto Rehab  
Michener Institute

R. Fraser Elliott Building, 5th Floor, 55-801, 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](mailto:foundation@uhn.ca) | [UHNfoundation.ca](http://UHNfoundation.ca)

Charitable organization no. 12386 4068 RR0001