

FROM THE HEART

Show your love for East Toronto and be celebrated for your support of Michael Garron Hospital

I would like to make a fully tax-creditable donation:

\$5,000
(4" glass orb)

\$10,000
(5½" glass orb)

\$15,000
(7" glass orb)

Contact information

NAME

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

EMAIL

Method of payment

Full amount now OR I would like to pay installments over years (up to five)

Please send me reminders

Please deduct from my credit card annually on this date:

I would like to pay by:

Cheque payable to Michael Garron Hospital Foundation

OR



CARD NUMBER

EXPIRY DATE

MM / YY

CVV (3 DIGITS ON BACK OF CARD)



NAME AS APPEARS ON CARD

AUTHORIZED SIGNATURE



Contact me about a gift of securities

Recognition engraving

Please clearly fill out information. You do not need to use all of the available lines or characters.

I'd like my recognition engraving to read:

LINE 1 (up to 24 characters, including spaces)

LINE 2—OPTIONAL (up to 24 characters, including spaces)

LINE 3—OPTIONAL (up to 24 characters, including spaces)

Terms and conditions of engraving: The wording to appear on the glass orb must be within the limits of letters as described above. Michael Garron Hospital Foundation will have final approval on engraved text copy. Placement of individual orbs within the From the Heart art installation is at the discretion of Michael Garron Hospital Foundation.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT TO:

Michael Garron Hospital Foundation
825 Coxwell Avenue, Office A128
Toronto, ON M4C 3E7

Email: foundation@tehn.ca
Phone: 416-469-6003
Charitable registration # 11925 9448 RR0001

