FROM THE HEART

Now is the time to show your love for our east end community. Make your mark and be part of the next chapter in Michael Garron Hospital's history—don't miss this once-in-a-generation opportunity!

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

☐ mastercard ☐ VISA ☐ AMERICAN EXPRESS

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

the heart of the east

MICHAEL GARRON HOSPITAL FOUNDATION