

# 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 email 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](mailto:foundation@tehn.ca)  
Phone: 416-469-6003  
Charitable registration # 11925 9448 RR0001



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east

