

I LEAD WITH MY HEART 2021 PHYSICIAN GIVING PLEDGE FORM

CONTACT INFORMATION (PLEASE PRINT)

Name: _____ Department: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Extention: _____ Email: _____

MY DONATION

I pledge to contribute a total of \$ _____ over _____ year(s) to the 2021 Physician Giving Campaign.

I would like my installments to start on _____, 20____.

Installments will be: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Single Payment

☐ In donor listings, I would like my name to appear as: _____

☐ I would like my gift to remain anonymous.

Please direct my gift to the following area:

Redevelopment

The Hiscox Wellness Fund

The highest priorities of my own hospital program Please specify your program:

PAYMENT OPTIONS

Option A: Cheque or postdated cheques enclosed, payable to: Michael Garron Hospital Foundation

Option B: Credit Card Visa Mastercard American Express

Card No: _____ Expiry Date: _____

Cardholder Name: _____ Cardholder Signature: _____

THANK YOU FOR YOUR GENEROSITY

If you have any questions or to return this form, contact Clare Olmstead, Vice President, Major Gifts and Planned Giving
Office A128 | 647-629-8703 | clare.olmstead@tehn.ca