

# I give @UHN

**PLEASE COMPLETE AND RETURN THIS FORM.  
YOU CAN ALSO DONATE ONLINE AT [IGIVEATUHN.CA](http://IGIVEATUHN.CA).**

First Name:	Last Name:	
Title:		
Department:		
Employee ID (No. on pay stub):	UHN Phone Number:	
Hospital Site: <input type="checkbox"/> Toronto General <input type="checkbox"/> Toronto Western <input type="checkbox"/> Princess Margaret <input type="checkbox"/> Toronto Rehab <input type="checkbox"/> Michener Institute		
UHN Email:		
Home Address:		
City:	Province:	Postal Code:

## I WOULD LIKE MY DONATION TO SUPPORT (SELECT ONE OR MORE):

- Toronto General & Western Hospital Foundation**  
Charitable Business No. 12386 4068 RR0001
- Princess Margaret Cancer Foundation**  
Charitable Business No. 88900 7597 RR0001
- Toronto Rehab Foundation**  
Charitable Business No. 11925 2336 RR0001
- Michener Institute of Education at UHN**  
(through Toronto General & Western Hospital Foundation)

Thank you! Gifts made by payroll are recorded on your T4. Tax receipts will automatically be issued for non-payroll gifts of \$20 or more. To view our privacy policy, please visit [tgwhf.ca](http://tgwhf.ca).

## DONATION METHOD & AMOUNT

### 1. PAYROLL DONATION

Please deduct per bi-weekly pay (26 pays per year):

\$2  \$5  \$10  Other: \$ \_\_\_\_\_

### 2. CREDIT CARD DONATION

Monthly  One-time

I would like to donate: \$ \_\_\_\_\_

(If donating monthly, indicate amount per month)

Visa  MasterCard  Amex

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RETURN THIS FORM TO:

Toronto General & Western Hospital Foundation,  
Toronto Western Hospital, Ground Floor, WW1-415  
T: 416-603-5300

