

Pioneers in Excellence II

T R I B U T E E V E N T

GIFT CONFIRMATION FORM

CONTACT INFORMATION

Donor name: _____

Company name: _____

Address: _____

City: _____ Prov: _____ Postal code: _____

Office tel.: _____ Residence tel.: _____

Email: _____

This is a personal or corporate contribution: Personal Corporate

ONE-TIME GIFT OPTION

Gift amount: \$250,000 \$100,000 \$50,000 \$25,000

PLEDGE OPTION

Pledge amount: \$250,000 \$100,000 _____

Reminder date: _____

Balance payable as follows:

2020	2021	2022
\$ _____	\$ _____	\$ _____

I am unable to attend but wish to make a donation of: \$ _____

PAYMENT METHOD

I have enclosed my cheque payable to: **Toronto General & Western Hospital Foundation**

Credit card payment: Visa Mastercard Amex

Is this a corporate credit Card: Yes No

Card number: _____ Expiry date: _____ CCV: _____

Name on card: _____

Signature: _____

If you wish to make a gift of publicly traded securities please contact Dudu Chan at 416.340.5536.

RECOGNITION

Donor recognition name: _____

*As listed in event materials

GIFT CONFIRMATION

Signature: _____ Date: _____

(Please sign to confirm your gift/pledge commitment)

Kathleen Sheridan, Development Officer

Toronto General & Western Hospital Foundation

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Corporations will be issued a business receipt and individuals will receive a Charitable Tax Receipt post-event in accordance with Canada Revenue Agency guidelines