

GIFT OF THANKS DONATION FORM

Name of hero:

Department/location:

Message to your hero:

DONOR INFORMATION

Name:

Address:

City:

Province:

Country:

Postal Code:

Tel:

Mobile:

Email:

I would like to receive an e-receipt.

I would like to receive Baycrest's newsletter with information on events and important health information.

PAYMENT METHOD

I am enclosing a gift of: \$

I would like to make a monthly gift

I have enclosed a cheque payable to Baycrest Foundation

I would like to pay by credit card: Visa MasterCard American Express

Card #: _____ Expiry: _____

Signature _____

Complete and mail this form or donate online at baycrestfoundation.org/giftofthanks

Your tribute will make your special someone's day! Thank you for investing in the health and well-being of our Baycrest community.

For more information about making an impactful gift, please contact the Donations Office at 416-785-2875.

Baycrest Foundation
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Charitable Registration Number: 11921 5242 RR0001