Please accept my gift of $ _____

This is a (check one):

❑ **One-time gift**

❑ Recurring **monthly gift** (please choose from the options below)

○ I authorize Toronto General & Western Hospital Foundation to receive the above amount on the ❑ 1st or ❑ 15th of every month or the next business day

○ Please debit my bank account monthly (please provide a blank cheque marked VOID)

○ I prefer to use my credit card (please fill out credit card details below)

❑ **Pledge** to be paid equally in annual payments over _____ years.

Please process my first payment of $_____.

Is this gift on behalf of an organization? ❑ Yes   ❑ No

If yes, organization name: _____

Donor Information

Title: _____   Name: _____

Address: _____

_____

City: _____   Province/State: _____   Postal/Zip Code: _____   Country: _____

Phone: _____   Email: _____

Is this gift in honour or in memory of someone?   ❑ Yes   ❑ No

If yes, please provide details on the next page.

Payment Information

❑ I've enclosed a cheque payable to Toronto General & Western Hospital Foundation

❑ I would like to pay by: ❑ Visa   ❑ MasterCard   ❑ American Express

Card No.: _____

Name of Cardholder: _____   Expiry: _____

Signature: _____   Date: _____

In Honour / In Memory Giving

❑ In honour   ❑ In memory

Name of person you are commemorating: _____

Would you like to send an acknowledgment card?   ❑ Yes   ❑ No

If yes, please provide recipient info:

Title: _____   Name: _____

Address: _____

_____

City: _____   Province/State: _____   Postal/Zip Code: _____   Country: _____

Phone: _____   Email: _____

Special message: _____

_____

_____

_____

Estate Giving

❑ Please send me information about leaving a gift to Toronto General & Western Hospital Foundation in my Will

❑ I have already included Toronto General & Western Hospital Foundation in my Will

Please return this form to:
National Eating Disorder Information Centre
c/o Toronto General & Western Hospital Foundation
R. Fraser Elliott Building
190 Elizabeth Street, 5th Floor
Toronto, ON M5G 2C4

Thank you for your generous support!
For donations less than $20, receipts issued upon request only. If you wish to contact us regarding your donation you may reach us by phone at 416-340-4156, toll free at 1-866-633-4220 or email nedic@uhn.ca.

nedic
National Eating Disorder Information Centre

Toronto General & Western
Hospital Foundation ⌘UHN

KNOWLEDGE LIVES HERE.

Charitable Organization No. 12386 4068 RR0001