

## Monthly Donation Form

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

This monthly donation is made by:  an Individual  a Business \_\_\_\_\_  
Company Name

### GIFT AMOUNT:

Yes, I'd like to support St. Michael's Hospital Foundation with my monthly gift of \$ \_\_\_\_\_

Your donation will support the highest priority needs of the hospital. **Thank you!**

### PAYMENT METHOD:

- Cheque made payable to St. Michael's Hospital Foundation
- Please debit my bank account. My cheque marked VOID is enclosed.
- VISA  MASTERCARD  AMERICAN EXPRESS

### Credit Card Information:

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

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

Email: \_\_\_\_\_

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

- Yes, sign me up to receive e-newsletters.
- Yes, I'd like to receive my tax receipt by email. \_\_\_\_\_

A consolidated tax receipt will be mailed in February for all monthly donations made in the previous calendar year.

Please return completed form via email to [hello@stmichaelsfoundation.com](mailto:hello@stmichaelsfoundation.com), or mail to 30 Bond St, Toronto, ON M5B 1W8.  
To make a donation by phone, please call 416 864 5000. Charitable Registration #122963663RR0001

Thank you for supporting St. Michael's Hospital Foundation.