PRINTABLE DONATION FORM

Title:	_ First Name:	Middle Initial	: Last Name:
Address: _			
City:		Province:	Postal Code:
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This dona	tion is made by: 🗌 an Individu	al 📃 a Business	Company Name
GIFT AMOUNT:			
Yes, I'd like to support St. Michael's Foundation with my 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			
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 Yes, sign me up to receive e-newsletters. Yes, I'd like to receive my tax receipt by email. 			
Tax receipts are issued for gifts of \$20 or more.			

Please return completed form via email to **connect@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 and Providence Healthcare.

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