

# Honour Someone Special



**Please Print**

**This gift is from:**    **An Individual**    *OR*    **An Organization**

**Tribute Name:** \_\_\_\_\_

Would you like an acknowledgement card sent?    Yes    No

Name & Address for Acknowledgement Card: \_\_\_\_\_

**Message for card:** \_\_\_\_\_

**Individual Gift:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

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

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

I agree to receive email communications from The Scarborough Hospital Foundation.

**Organization Gift:**

Organization Name: \_\_\_\_\_

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

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

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

**Contact at Organization:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

I agree to receive email communications from The Scarborough Hospital Foundation.

**I would like to make a gift of:**    \$50    \$100    \$150    \$250    \$500    **I prefer to give \$** \_\_\_\_\_

I have enclosed a cheque made out to The Scarborough Hospital Foundation

Please charge my:    Visa    MasterCard    American Express

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

**Please mail your donation form to:**

The Scarborough Hospital Foundation, 3030 Lawrence Ave. E., Suite 108, Scarborough, ON M1P 2T7

**Email your form to:** [foundation@tsh.to](mailto:foundation@tsh.to)

**Thank You For Supporting Your Scarborough Hospital**

3030 Lawrence Ave. E., Suite 108, Toronto, ON M1P 2T7

Tel: 416.431.8130 Fax: 416.438.8312 Email: [foundation@tsh.to](mailto:foundation@tsh.to) Website: [www.tsh.to](http://www.tsh.to)

Charitable Registration #: 11914 2263 RR0001