

Thank Your Caregiver



Please Print

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

Caregivers Name: _____

Would you like an acknowledgement card sent? Yes No

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

Thank You For Supporting Your Scarborough Hospital