

YES, I would like to support Bridgepoint Health Foundation!

Charitable Business No.: 88923 4399 RR0001.

Tax receipts will be issued via mail in 3-4 business days upon receipt of donation.



I would like to:

*denotes required information

make a personal gift:

*Title: Mr. / Mrs. / Ms. / Miss / Dr. (please circle)

*First Name: _____ *Last Name: _____

make a gift on behalf of an organization: _____
(name of organization)

Please send my receipt to:

Home Work

*Address: _____

*City/Town: _____ *Prov/State: _____

*Postal/Zip: _____ Country: _____

*Phone No.: (_____) _____ - _____ Extension: _____

Email: _____

I give Bridgepoint Health Foundation permission to contact me by email

I wish to make:

a monthly gift of \$ _____ on the 15th day of each month to support Bridgepoint all year long

I have enclosed a cheque marked "Void"

Please deduct this amount from my credit card

Or

(see information below)

a one-time gift of \$ _____

(For donations less than \$15, tax receipts will be issued only upon request)

I prefer to pay by:

Visa MasterCard American Express Cheque (made payable to Bridgepoint Health Foundation)

*Credit card #: _____ *Cardholder: _____

*Expiry date: _____ / _____
mm yyyy *Signature: _____

I wish to direct my gift towards:

Greatest Need Life.Changes. Campaign

My gift is in honour / memory of: Mr. / Mrs. / Ms. / Miss / Dr. _____
(please circle)

Personal note: _____

Please send an acknowledgement of my gift to:

*Title: Mr. / Mrs. / Ms. / Miss / Dr.

*First Name: _____ *Last Name: _____

*Address: _____

*City/Town: _____ *Prov/State: _____

*Postal/Zip: _____ Country: _____

Please complete and return to:
Bridgepoint Health Foundation
14 St. Matthews Road, Toronto, ON M4M 2B5
Fax: 416.470.6709

Questions:
Tel: 416.461.8252 ext. 2057
Email: foundation@bridgepointhealth.ca