

Donation Form

I would like to:

- make a personal donation
- donate on behalf of an organization named: _____
 Contact: Mr. / Mrs. / Ms. / Miss / Dr. (please circle)
 First Name: _____ Last Name: _____

Contact info for tax receipt
 Home Work

Address: _____
 City/Town: _____ Province: _____
 Postal Code _____ Phone: (____) _____ - _____
 Email: _____

- If you prefer not to receive communications from Bridgepoint Foundation, please check this box.
Note: For donations less than \$15, tax receipts will be issued only upon request.

Amount & Payment Method:

- One-time gift of \$ _____
- Monthly gift of \$ _____ on the 15th of each month to support Bridgepoint all year long, starting 15/____/____ (15/mm/yy) (*Payments can only be processed on the 15th of the month.*)
- I have enclosed a cheque marked "Void"
- Please deduct this amount from my credit card
- I'm a Bridgepoint employee. Please deduct my donation of \$ _____ per pay statement.

I prefer to pay by:

- Cheque (payable to Bridgepoint Foundation)
- Visa MasterCard American Express
- Credit card #: _____
- Cardholder: _____
- Expiry date: ____/____/____ Signature: _____
mm yyyy

 My gift is in memory / honour of:

Mr. / Mrs. / Ms. / Miss / Dr. _____

Please acknowledge my gift with a note to: Mr. / Mrs. / Ms. / Miss / Dr.

First Name: _____ Last name: _____

Address, City, Province, Postal Code: _____

- I want my gift to be anonymous.

Please complete and return to:

Bridgepoint Foundation
 1 Bridgepoint Drive, Toronto, ON M4M 2B5
 Fax: 416.586.8639

Questions?

416.461.8252 ext. 2017
 foundation.bh@sinahealthsystem.ca

Charitable Registration #88923 4399 RR0001
 www.bridgepointhealth.ca/donate