



National Eating Disorder Information Centre

Toronto General & Western Hospital Foundation UHN

KNOWLEDGE LIVES HERE.

Please accept my gift of \$ _____

This is a (check one):

- One-time gift**
- Recurring **monthly gift** (please choose from the options below)
 - I authorize Toronto General & Western Hospital Foundation to receive the above amount on the 1st or 15th of every month or the next business day
 - Please debit my bank account monthly (please provide a blank cheque marked VOID)
 - I prefer to use my credit card (please fill out credit card details below)
- Pledge** to be paid equally in annual payments over _____ years.
Please process my first payment of \$_____.

Is this gift on behalf of an organization? Yes No

If yes, organization name: _____

Donor Information

Title: _____ Name: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____

Phone: _____ Email: _____

Is this gift in honour or in memory of someone? Yes No

If yes, please provide details on the next page.

Payment Information

I've enclosed a cheque payable to Toronto General & Western Hospital Foundation

I would like to pay by: Visa MasterCard American Express

Card No.: _____

Name of Cardholder: _____ Expiry: _____

Signature: _____ Date: _____

In Honour / In Memory Giving

In honour In memory

Name of person you are commemorating: _____

Would you like to send an acknowledgment card? Yes No

If yes, please provide recipient info:

Title: _____ Name: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____

Phone: _____ Email: _____

Special message: _____

Estate Giving

Please send me information about leaving a gift to Toronto General & Western Hospital Foundation in my Will

I have already included Toronto General & Western Hospital Foundation in my Will

Please return this form to:

National Eating Disorder Information Centre

c/o Toronto General & Western Hospital Foundation

R. Fraser Elliott Building

190 Elizabeth Street, 5th Floor

Toronto, ON M5G 2C4

Thank you for your generous support!

For donations less than \$20, receipts issued upon request only. If you wish to contact us regarding your donation you may reach us by phone at 416-340-4156, toll free at 1-866-633-4220 or email nedic@uhn.ca.

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Charitable Organization No. 12386 4068 RR0001