

GIFT COMMITMENT FORM

Name: _____
 Address: _____
 Office Tel: _____ Residence Tel: _____
 Email: _____

GIFT INFORMATION

One Time Gift Amount: \$ _____ VISA MasterCard AMEX
 Pledge Amount: \$ _____ Card Number: _____
 Payment Enclosed: \$ _____ Exp: _____ / _____

My cheque is enclosed and made payable to the **Toronto General & Western Hospital Foundation**

Balance Payable as Follows:

2018 \$ _____ 2019 \$ _____ 2020 \$ _____ 2021 \$ _____ 2022 \$ _____

I wish to be reminded on the following month, _____ every year.

If you wish to make a gift of publicly traded securities we would be pleased to assist with the transaction. Please contact Dudu Chan, Associate Director, Gifts & Records Administration at 416-340-5536 for assistance.

I/We wish to designate my/our gift to the:

The Dalglish Family 22q Clinic

RECOGNITION

The Preferred Donor Recognition section below allows you to specify the format of your name for Foundation Publications and Physical Donor Walls located at Toronto General and Toronto Western Hospitals. If you wish to remain anonymous, please indicate "anonymous" in the space provided below.

Donor Recognition Name: _____

Signature: _____ Date: _____

Please forward or fax a signed copy to:

Brent Link
 Senior Development Associate
 Toronto General & Western Hospital Foundation,
 R. Fraser Elliot Building,
 190 Elizabeth Street, 5th Floor,
 Toronto, ON M5G 2C4
 Ph: 416-340-4800 ext. 3075 Fax: 416-340-4864 Email: brent.link@uhn.ca