

**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:

2016 \$ \_\_\_\_\_ 2017 \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_ 2019 \$ \_\_\_\_\_ 2020 \$ \_\_\_\_\_

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, 5<sup>th</sup> Floor,  
 Toronto, ON M5G 2C4  
 Ph: 416-340-4800 ext. 3075 Fax: 416-340-4864 Email: brent.link@uhn.ca