

GIFT CONFIRMATION FORM

Name: _____
 Address: _____
 Cell: _____
 Email: _____

GIFT INFORMATION

Gift: \$ _____ VISA MasterCard AMEX
 Payment enclosed: \$ _____ Card number: _____
 Reminder date: _____ Exp.: ____/____

If you wish to make a gift of publicly traded securities we would be pleased to assist with the transaction. Please contact Shauna Seabrook, Senior Campaign Director at 416-710-1833 for assistance.

Balance payable as follows: **2024** \$ _____ **2025** \$ _____ **2026** \$ _____
 2027 \$ _____ **2028** \$ _____ **2029** \$ _____

I wish to designate my gift to: **UHN Foundation**

My gift is to be designated as follows: **22q Deletion Syndrome Fund for Excellence**

RECOGNITION

The preferred recognition selection 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:
 Shauna Seabrook, Senior Campaign Director
 Peter Munk Cardiac Centre Campaign
 R. Fraser Elliott Building, 5th Floor, 5S-801
 190 Elizabeth Street
 Toronto, ON M5G 2C4
 e:shauna.seabrook@uhn.ca
 t: 416-710-1833