



YES, I would like to support Bridgepoint Health Foundation!
 Charitable Business No.: 88923 4399 RR0001. Tax receipts will be issued via mail in 3-4 business days upon receipt of donation.

*denotes required information

I would like to:

- make a personal gift:
 *Title: Mr. / Mrs. / Ms. / Miss / Dr. (please circle)
 *First Name: _____ *Last Name: _____
- make a gift on behalf of an organization:
 *Organization: _____

Please send my receipt to:

- Home Work
- *Address: _____
- *City/Town: _____ *Prov/State: _____
- *Postal/Zip: _____ Country: _____
- *Phone No.: (_____) _____ - _____ Extension: _____
- Email: _____
- I give Bridgepoint Health Foundation permission to contact me by email

I wish to make:

- a monthly gift of \$_____ on the 15th day of each month to support Bridgepoint all year long
- I have enclosed a cheque marked "Void" Please deduct this amount from my credit card (see information below)
- OR
- a one-time gift of \$_____ (For donations less than \$15, tax receipts will be issued only upon request)

I prefer to pay by:

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

I wish to direct my gift towards: (please select one)

- Greatest Need Redevelopment Patient Experience Research & Teaching
- Toronto Challenge Christine Sinclair Ambulatory Care Centre

- My gift is in honour / memory of: Mr. / Mrs. / Ms. / Miss / Dr. _____ (please circle)

Personal note: _____

Please send an acknowledgement of my gift to:

- *Title: Mr. / Mrs. / Ms. / Miss / Dr.
- *First Name: _____ *Last Name: _____
- *Address: _____
- *City/Town: _____ *Prov/State: _____
- *Postal/Zip: _____ Country: _____

<p>Please complete and return to: Bridgepoint Health Foundation 14 St. Matthews Road, Toronto, ON M4M 2B5 Tel: 416.461.8252 ext. 2017 Fax: 416.470.6709</p>	<p>Questions: Contact Tiffany La Tel: 416.461.8252 ext. 2967 Email: tla@bridgepointhealth.ca foundation@bridgepointhealth.ca</p>
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