



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  1<sup>st</sup> or  15<sup>th</sup> 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

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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

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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](mailto:nedic@uhn.ca).

Toronto General & Western  
Hospital Foundation 

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**nedic**

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Charitable Organization No. 12386 4068 RR0001