



National Eating Disorder Information Centre

## Printable Donation Form

*Note that we do not exchange, sell, or rent any personal information to outside third-parties.*

Please print, fill out and mail or fax this form back to NEDIC. If you are donating on behalf of a company or as an organization, please enter the company name and the appropriate contact information in the fields below.

Return to: National Eating Disorder Information Centre      Fax: 416-340-4736  
200 Elizabeth Street, 7ES-421  
Toronto, ON M5G 2C4

Credit card donations can also be made by calling NEDIC directly at 416-340-4156 or 1-866-633-4220.

### Donor Information

Title: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Company/Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please add me to your email list to receive updates on NEDIC events and our Annual Review

### Would you like to make your gift a monthly donation?

Yes, I would like to join NEDIC's monthly giving program. I authorize my gift to be debited once per month.

No thank you, this gift is to be debited only once.

**Gift Amount:**  \$50  \$100  \$250  \$500  \$1,000 Other amount: \$ \_\_\_\_\_

**Currency:**  CAD  USD

**Payment Method:**  Visa  Mastercard  American Express

Enclosed Cheque (please make payable to NEDIC)

**For credit card payments:** Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_



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**Will your employer match your gift?**     Yes    No

*As a program of UHN, NEDIC shares a charitable registration number with the Toronto General and Western Hospital Foundation.*

If Yes, please provide us with your company name and main telephone number:

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Commemorative Giving**

If you wish to give your gift "in honour" or "in memory" of someone special, please complete the following fields.

My gift is:     In Honour of     In Memory of

Title, First and Last Name: \_\_\_\_\_

I would like an acknowledgement card to be sent to the following contact:

Name and Address: \_\_\_\_\_

Special Message for the Card: \_\_\_\_\_

How would you like the acknowledgement to be signed?  
\_\_\_\_\_

Receipts will be issued for all gifts of \$20 or more. For donations less than \$20, receipts will be issued upon request.

If you wish to contact us regarding your donation, you may reach us by telephone or email at the following:

**Tel: 416-340-4156 | Toll-Free: 1-866-633-4220 | Email: [nedic@uhn.ca](mailto:nedic@uhn.ca)**