

DONATION FORM

First Name

Last Name

Address

Province/State

Country

Postal/Zip Code

Phone Number

Email Address

Payment Options

Cheque payable to Barbra Schlifer Commemorative Clinic

Credit Card

Visa

Mastercard

Amex

Name on Card

Credit Card Number

Expiry (mm/yy)

CV#

Signature

I would like to make a one time contribution in the amount of \$

CND

I would like to make monthly gifts to the Commemorative Circle Monthly Giving Campaign. I understand that my gift will be automatically deducted from my credit card each month and that I can alter or cancel it by notifying the Schlifer Clinic at any time.

CND

I would like to make my donation in the memory/honour of (please print clearly)

For list sharing purposes

Occasionally, we make our donor list available to reputable, like-minded charitable organizations. We hope you will support this programme, which is vital to our fundraising success. Please indicate your choice below.

Yes, you have my permission

No, please do not make my name available.

Please return the form to Meldina Smith, Barbra Schlifer Commemorative Clinic 489 College Street, Suite 503, Toronto, ON, M6G 1A5 or by fax to 416-323-9107. You can also make you donation over the phone by calling 416-323-2502.