



YES! I want to help Toronto Rehab do everything humanly possible to help people rebuild their lives!

Here's my gift of: \$50 \$100 \$250 Other \$ _____

Payment method:

- Cheque enclosed (made payable to the *Toronto Rehab Foundation*)
 Credit card (information provided below)

Here's my monthly gift of: (*only available by credit card*)

\$10 \$25 \$50 Other \$ _____ per month

I hereby authorize Toronto Rehab Foundation to make automatic charges to my credit card as indicated. I understand that I may cancel this authorization at any time by notifying the Foundation in writing.

Signature: _____ Date: _____

Designation of gift:

- Use wherever the need is greatest
 Program: _____

Please send to:

Toronto Rehab Foundation
550 University Avenue
Toronto, Ontario M5G 2A2

Tel. (416) 597-3040

Fax (416) 597-6201

Email:

foundation@torontorehab.on.ca

Internet:

www.torontorehabfoundation.com

Charitable Business Number:
11925 2336 RR0001

A receipt will be issued for all gifts of \$10 or more for income tax purposes

- Please do not list me by name in any public documents acknowledging donors
- I would like information on making a gift in my will, a gift of stock, or another form of planned giving
- I would like to be contacted about making a gift in kind such as real estate or equipment

I prefer to be contacted by:

- Telephone Email Mail

THANK YOU!

Donor Information

Name: _____

Address: _____

City Province Postal Code

Telephone: _____

Day Evening

Email: _____

Credit Card Information (if applicable)

- VISA MasterCard

Card Number

Name on Card

_____/_____

Expiry Date

Signature

Gift in Memory or Honour of Another Person (if applicable)

Name of person: _____

- Memorial Occasion: _____

Gift to acknowledged to:

Name: _____

Address: _____

City Province Postal Code

- Please indicate the amount of the gift in the acknowledgement