

MAIL DONATION FORM

Please print this form, complete and mail with your cheque to:
Address: 625 Runnymede Road, Toronto, Ontario M6S 3A3 (416) 762-7316

Title: _____

First Name: _____ Last Name: _____

Receipt Address:

Company/Organization: (if applicable) _____

Street: _____

Apt. _____ City _____ Province _____ Postal Code _____

Telephone: (____) ____ - _____ Email: _____

I wish to make the following donation \$ _____

Cheque Enclosed (made payable to Runnymede Healthcare Centre)

My gift is To the Building Fund:

In Memory of: _____

In Honour of: _____ Occasion _____

Please send an acknowledgement of my gift to:

Name: _____

Relationship to honoree or deceased (e.g. mother, brother, etc.): _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Other special notes/comments: _____

I would like my gift to remain anonymous.

Runnymede Healthcare Centre will automatically issue receipts for gifts of \$20 or more.
Information collected on this form will be used to process the donation.
Runnymede Healthcare Centre will send you an acknowledgement of your gift, including a tax receipt if appropriate.

Registered charitable business number: 10794 1015 RR0001