

## Donation Form

### Donor Information

Name: Mr./Mrs./Ms/Mr. & Mrs./Other \_\_\_\_\_

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

\_\_\_\_\_

Phone: Business: (     ) \_\_\_\_\_ x \_\_\_\_\_ Home: (     ) \_\_\_\_\_

### Gift Information

I'd like to make a one-time donation of \$ \_\_\_\_\_

I'd like to pledge a total of \$ \_\_\_\_\_ Payable (amounts/dates): \_\_\_\_\_

Please provide any notes below (i.e. gift designation):

\_\_\_\_\_

### Payment Information

Cheque (made payable to **Bloorview Kids Foundation**)

Credit Card

Credit Card Type:  Visa  Mastercard  American Express

Credit Card Number: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

I'd like to receive a call from a Foundation staff member about:

making a Gift of Securities

making a Planned Gift

becoming a monthly donor

making a tribute donation

other: \_\_\_\_\_

Date: \_\_\_\_\_

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