

# St. Michael's Foundation

Inspired Care.  
Inspiring Science.

## Online Donation Form

Yes, I want to help St. Michael's Hospital fulfill its mission!

WEBFORM

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Option A - Monthly Gifts

I'd like to make a monthly gift. Gift Amount: \$ \_\_\_\_\_ /month

#### Payment Options

##### Pre-Authorized Payment by Cheque

I have enclosed a VOID cheque, and hereby authorize St. Michael's Hospital Foundation to make automatic withdrawals from my bank account on the 15th of each month for payment of my recurring gift.

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

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

I understand that I may change or cancel this authorization at anytime by calling the Foundation at 416-864-5000. A tax receipt for your contributions will be issued after the end of each calendar year.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of the PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

##### Pre-Authorized Payment by Credit Card

I hereby authorize St. Michael's Hospital Foundation to make automatic withdrawals from my credit card on the 25th of each month for payment of my recurring gift.

    

Card #: \_\_\_\_\_

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

Name on Card: \_\_\_\_\_

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

### Option B - Single Gift

I am pleased to provide a single gift at this time. Gift Amount: \$ \_\_\_\_\_

I'd like to receive my tax receipt by email. My email: \_\_\_\_\_

#### Payment Options

I have enclosed a cheque. (Payable to St. Michael's Hospital Foundation)

I prefer to pay by credit card.      

Card #: \_\_\_\_\_

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

Name on Card: \_\_\_\_\_

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

**Gift Designation:**  Area of greatest need  Breast Cancer Centre  Heart & Vascular  Inner City Care  
 Inspire 2018  Palliative Care  Other \_\_\_\_\_  
 Fracture Clinic

**Make Your Gift in Tribute of Someone Special (On Page 2)**



## Yes! I would like to make my gift in “Tribute” of a special person.

In Honour or  In Memory or  in Thanks of: \_\_\_\_\_

Your gift of \$20 or more will be acknowledged with a tribute card sent to the individual(s) below informing them of your thoughtfulness.

Name of Honouree/Next of Kin: \_\_\_\_\_

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

Message to include in card: \_\_\_\_\_

### Other Ways to Support St. Michael’s Hospital Foundation

#### Planned Gifts

You can create a strong future for St. Michael’s by leaving a bequest, life insurance policy, RRSP/RRIF benefits or other planned gift to St. Michael’s as part of your estate plans.

If you are interested in making a planned gift, we can work with you to ensure your legacy gift is rewarding to you.

- I have included St. Michael’s Hospital Foundation in my will.
- I intend to include St. Michael’s Hospital Foundation in my will.
- I am interested in learning more about leaving a bequest to St. Michael’s Hospital Foundation.

#### Gifts of Stock

Capital gains taxes on gifts of publicly traded securities to public charities, including St. Michael’s Hospital Foundation, have been eliminated.

The donation must be an “in kind” transfer of the security itself, not the cash proceeds from the sale of the security. Such a transfer is easily made electronically from your investment account.

St. Michael’s Hospital Foundation will issue a donation receipt for the market value of the gift on the day we receive your security donation.

**Please help us get to know you better:** Please indicate the most important area of care for you and your family. (All information is kept strictly confidential.)

- Heart & Vascular
- Neurosurgery
- Cancer Care
- Ophthalmology
- Other \_\_\_\_\_

#### **Our commitment to your privacy**

St. Michael’s Foundation is committed to protecting the privacy of all information you share with us. The information collected is solely used to process donations and to keep you informed about the Foundation. We do not sell, share, or rent any donor lists or information. The Foundation wants to ensure your utmost confidence that all the information will remain strictly confidential. From time to time, we publish the names of our donors in our newsletter and display names of our donors on our Donor Wall to demonstrate our appreciation. Should you wish to remain anonymous, or have any questions, please contact us at 416.864.5000.

## Thank you for supporting St. Michael’s Hospital Foundation

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