Online Donation Form

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

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

☐ 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. ☐ Visa ☐ Mastercard ☐ American Express

Card #: ____________________________
Expiry Date: ________________________
Name on Card: ______________________
Signature: __________________________

Gift Designation:

☐ Area of greatest need ☐ Breast Cancer Centre ☐ Heart & Vascular ☐ Inner City Care

☐ Fracture Clinic ☐ Palliative Care ☐ Other __________________________

Make Your Gift in Tribute of Someone Special (On Page 2)
### 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
- [ ] Trauma & Neurosurgery
- [ ] Cancer Care
- [ ] Emergency
- [ ] Diabetes
- [ ] Women’s Health Care
- [ ] Other

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

Tax receipt issued for gifts of $20 or more.
Charitable Registration No. 12296 3663 RR0001

30 Bond Street, Toronto, ON  M5B 1W8  Canada
stmichaelsfoundation.com