

YES! I want to support Trillium Health Partners Foundation.

Mr. Mrs. Dr. Ms. _____
First Name/Last Name

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ email: _____

In Honour / In Memory Information (If Applicable)

In Honour

In Memory

Name of Honouree: _____

Would you like us to send a card by mail on your behalf? Yes No

If yes, please send to: _____ (First Name/Last Name)

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Message: _____

OPTION1: MONTHLY GIVING

I authorize Trillium Health Partners Foundation to debit:

\$100 \$50 \$25 \$10 \$ _____ on the 15th day of each month beginning _____ / _____
Month Year

You may change or cancel your donation at any time. You will receive a consolidated income tax receipt for all donations made in the calendar year before February 1st to claim your deduction for income tax purposes.

OPTION2: ONE-TIME GIFT

I wish to donate: \$100 \$75 \$50 \$ _____

Tax receipts will be automatically issued for donations of \$25 or more unless a receipt is requested.

METHOD OF PAYMENT

Bank account (void cheque enclosed for monthly giving)

Cheque or money order (payable to Trillium Health Partners Foundation)

Visa Mastercard American Express

Credit card no.: _____ Expiry date: _____ / _____
Month Year

Signature: _____

I wish to remain anonymous.

Yes, I would like to receive email communications from Trillium Health Partners Foundation.

Registered Canadian Charitable Business Number: 11924 5678 RR0001

Trillium Health Partners Foundation respects your privacy and we protect your personal information. We do not rent, sell or trade our contact lists. The information you provide will be used to issue tax receipts and to keep you informed of Foundation activities. If you would like to be removed from our contact list please call us at (905) 848-7575 or send an email to foundation@trilliumhealthpartners.ca and we will gladly accommodate your request.

THANK YOU FOR YOUR SUPPORT!