Join the Caring Circle Monthly Giving Club

Please Print

I would like to make a monthly gift of: ☐ **$10** ☐ **$15** ☐ **$25** ☐ **$50** ☐ **I prefer to give $_____/month**

☐ I authorize The Scarborough Hospital Foundation to withdraw the above amount from my bank account on the 1st day of each month (or the next business day). I've enclosed a blank cheque marked "VOID'.

OR

☐ I authorize The Scarborough Hospital Foundation to charge the above amount to my credit card on the 1st day of each month (or the next business day).

Please charge my: ☐ Visa ☐ MasterCard ☐ American Express

Card Number:_____ Expiry Date:_____

Cardholder's Name: _____

Start Date: _____ **Signature:** _____

Title:_____ First Name: _____

Last Name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Email: _____

☐ I agree to receive email communications from The Scarborough Hospital Foundation.

OUR GUARANTEE: You may change or cancel your monthly donation at any time by calling The Scarborough Hospital Foundation at 416-431-8130. Please allow at least 7 days' notice before your next scheduled donation date to process your request.

Thank you for joining our Caring Circle!

Your gift will make a difference.

You will receive one income tax receipt for all your contributions in a calendar year.

Please mail your monthly donor form to:

The Scarborough Hospital Foundation
3030 Lawrence Ave. E., Suite 108
Scarborough, ON M1P 2T7

OR

Email your form to:

foundation@tsh.to

3030 Lawrence Ave. E., Suite 108, Toronto, ON M1P 2T7
Tel: 416.431.8130 Fax: 416.438.8312 Email: foundation@tsh.to Website: www.tsh.to
Charitable Registration #: 11914 2263 RR0001