Champion Commitment Form

Name

Mailing Address:

City Province Postal Code

Telephone: (Home) (Business)

Email:

Yes! I would like to support The HART Foundation's Anti-Trafficking Program Partnership in Research:

- ☐ make a gift of $_____ as a one-time donation
- ☐ pledge a gift of $_____ paid over _____ years at a rate of $_____per year beginning in the month of _____

Payment Options (please choose only one gift payment option)

Credit Card: ☐Mastercard ☐ VISA ☐ AMEX

☐Personal Card ☐Corporate Card

Card Number _____ Expiry _____
**you can contact Sara Byrnell at the number below to provide cc # by phone if preferred*

Name on Card _____

Cheque: Please provide cheque payable to Women's College Hospital Foundation, with this completed from. Include HART FOUNDATION in memo line for tracking purposes

Stocks/Shares: Contact Sara Byrnell at the contact information below to request a form

Receipt Options

For your convenience, we will send your charitable contribution receipt by email or in hard copy.

- ☐ Please email my charitable donation receipt (email provided above)
- ☐ Please mail a hard copy of my charitable donation receipt (mailing address provided above)

Recognition

- ☐ I would like to be recognized as: _____
- ☐ I would like to remain Anonymous
- ☐ I consent to WCHF notifying HART of my contribution

Thank you!

Please return donation form to:
Attn: Sara Byrnell, Vice President, Philanthropy and Partnerships
sara.byrnell@wchospital.ca or (416) 813-4737
Women's College Hospital Foundation, 76 Grenville Street, 4th Floor, Toronto, ON M5S 1B2

Your privacy is important. We will not sell, trade, or rent out your information. To learn more, visit wchf.ca/privacy.

For Foundation Use Only:

Fund _____ Appeal _____

Other _____ Donor ID # _____