

Thank you for recognizing your West Park Hero!

I would like to recognize:

_____ Dept./Unit #: _____
(First and last name)

Why: _____

(This message will be included in the card to your hero)

Your name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email: _____

Your information is needed for tax receipting purposes. Please note that tax receipts are issued by the Foundation for all donations of \$10 or more.

I prefer to remain anonymous.

I am enclosing a gift of:

\$25 \$50 \$100 \$250
 \$500 Other \$ _____

Enclosed is my cheque made payable to "West Park Healthcare Centre Foundation".

Please charge my credit card.

Credit Card Information:

VISA MasterCard AMEX

Cardholder Name: _____

Card Number: _____

Expiry: ____/____

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Charitable Business No. 11929 5350 RR0001



West Park Foundation is fully accredited by Imagine Canada for excellence in non-profit accountability, transparency and governance.

