



## Honour Your Champion of Care

My Champion of Care is: \_\_\_\_\_

Department/location: \_\_\_\_\_

Message for card: \_\_\_\_\_

\_\_\_\_\_

My name is: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to receive "Your Health Matters" e-newsletter and other e-updates.

I wish to make a gift in the amount of:

\$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_

I have enclosed a cheque payable to: Sunnybrook Foundation

I prefer to charge my gift to:



Card number:           Expiry date (mm/yy):

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_



Mail to: KGW01 - 2075 Bayview Avenue, Toronto, ON M4N 3M5

**A tax receipt will be automatically issued for donations over \$10  
Charitable Registration No. 899209118 RR 0001**