

When the care you give inspires more than thanks



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**