

# Holland Bloorview

Kids Rehabilitation Hospital Foundation

150 Kilgour Road  
Toronto, ON M4G 1R8  
T (416) 424-3809  
F (416) 425-4531  
[www.hollandbloorviewfoundation.ca](http://www.hollandbloorviewfoundation.ca)

## Donation Form

### Donor Information

Name: Mr./Mrs./Ms/Mr. & Mrs./Other \_\_\_\_\_

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

\_\_\_\_\_

Phone: Business: (     ) \_\_\_\_\_ x \_\_\_\_\_ Home: (     ) \_\_\_\_\_

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

### Gift Information

I'd like to make a one-time donation of \$ \_\_\_\_\_

I'd like to pledge a total of \$ \_\_\_\_\_ Payable (amounts/dates): \_\_\_\_\_

Please provide any notes below (i.e. gift designation):

\_\_\_\_\_

### Payment Information

Cash

Cheque (made payable to **Holland Bloorview Foundation**)

Credit Card

Credit Card Type:     Visa     Mastercard     American Express

Credit Card Number: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digits on back of card for Visa and MC, 4 digits on front of card for Amex)

I'd like to receive a call from a Foundation staff member about:

making a Gift of Securities

making a Planned Gift

becoming a monthly donor

other: \_\_\_\_\_

Date: \_\_\_\_\_

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