

**Yes, I want to support  
femmesensante.ca website!**



**Contact Details:**

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Name (First & Last, with Preferred Title or Organization Name & Contact, if applicable)

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Street Address

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City Province Postal Code

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Telephone number Email Address

Comments: **Donation to femmesensante.ca website**

**Donation Details:**

**Single donation:** I wish to make a donation of \$ \_\_\_\_\_  
*I have enclosed a cheque payable to **Women's College Hospital Foundation**, or have completed the form below to pay by credit card.*

**Monthly donation:** I wish to make a *monthly* donation of \$ \_\_\_\_\_  
on the (*check one*) 15<sup>th</sup> \_\_\_ or 30<sup>th</sup> \_\_\_ day of each month  
*I have enclosed a VOID cheque and authorize WCHF to make automatic withdrawals from my bank account each month, or by completing the form below I authorize WCHF to automatically debit my credit card each month.*

**Credit Card Payment:**

VISA MC Amex \_\_\_\_\_  
(circle one) Credit Card Number Expiry

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Signature Date

Please fax your completed form to **416-813-4744**, drop it off at Suite 143 (CEO's Office) on the main floor of the Hospital, or mail it to the Foundation's Hospital address at 76 Grenville Street, Toronto, ON M5S 1B2

If you have any questions please contact at us 416-323-6323 or [foundation@wchospital.ca](mailto:foundation@wchospital.ca).

*Donations are tax-deductible. Charitable Registration BN 119302628RR0001.*