DETACH AND FORWARD
THIS PORTION OF THE CARD
AND YOUR DONATION TO:

Runnymede Healthcare Centre 625 Runnymede Road Toronto, ON M6S 3A3

Phone: 416 762-7316 x2107

TO LEARN MORE ABOUT MAKING A GIFT, PLEASE VISIT:

www.runnymedehc.ca



Runnymede Healthcare Centre 625 Runnymede Road, Toronto, ON M6S 3A3

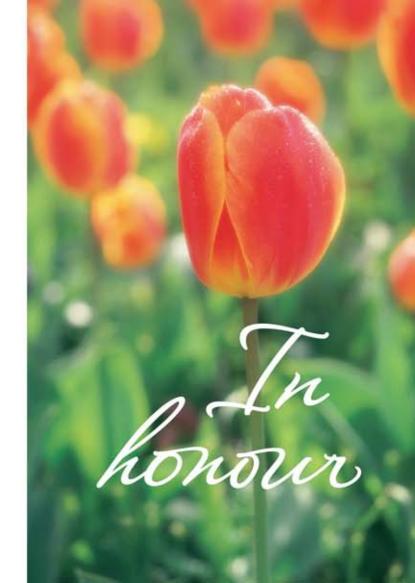
Phone: 416 762-7316 x2107

TO LEARN MORE ABOUT MAKING A GIFT, PLEASE VISIT:

www.runnymedehc.ca

Charitable Business Number: #107941015 RR0001 A receipt will be issued for tax purposes for donations of \$20 or more.













In honour of ...

NAME for OCCASION / GREETING A donation has been made to Runnymede Healthcare Centre from... Name: Address: Province: _____ Postal Code: _____ Email: _____

PLEASE KNOW THAT AS A THOUGHTFUL AND FITTING TRIBUTE TO YOU.

exceptional Care

Possible AT

RUNNYMEDE HEALTHCARE CENTRE

TO RUNNYMEDE HEALTHCARE CENTRE In Honour of ...

Name:		
Address:		
City:	Prov.:	Postal Code:
hone:	Email:	
Enclosed is my gi	ft of S	
CHEQUE / M	ONEY ORDER ENC	LOSED AND MADE PAYABLE TO:
Runnymede Heal	thcare Centre	
Charge to:	Visa O MasterCare	d
Card #:		Exp:/_
Name on Card: _		
Signature:		
PLEASE ACKNO	WLEDGE THIS DO	NATION TO:
Name:		
City:	Prov.:	Postal Code:
Phone:	Email:	
WOULD LIKE	TO DIRECT MY GIF	I TO:
Area of greate	st need	
Nursing / Staf	f Education	
	ram:	