

Thanks!
YOUR GIFT
MAKES A DIFFERENCE

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.

RUNNYMEDE
HEALTHCARE CENTRE

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

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Toronto, ON M6S 3A3

Phone: 416 762-7316 x2107

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*In
honour*



In honour of...

NAME

for

OCCASION / GREETING

*A donation has been made to
Runnymede Healthcare Centre from...*

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

PLEASE KNOW THAT AS A THOUGHTFUL
AND FITTING TRIBUTE TO YOU,
A DONATION HAS BEEN MADE TO MAKE

exceptional care

POSSIBLE AT
RUNNYMEDE HEALTHCARE CENTRE

TO RUNNYMEDE HEALTHCARE CENTRE

In Honour of...

FROM:

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Email: _____

Enclosed is my gift of \$ _____

☐ CHEQUE / MONEY ORDER ENCLOSED AND MADE PAYABLE TO:

Runnymede Healthcare Centre

☐ Charge to: ☐ Visa ☐ MasterCard

Card #: _____ Exp: _____ / _____

Name on Card: _____

Signature: _____

PLEASE ACKNOWLEDGE THIS DONATION TO:

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Email: _____

I WOULD LIKE TO DIRECT MY GIFT TO:

☐ Area of greatest need

☐ Nursing / Staff Education

☐ Clinical program: _____

Tear this portion from the card and mail in the postage paid envelope