

DONATION FORM

**The Sheela Basrur Centre Fund
c/o Toronto Community Foundation**

Donor Contact Information:

Name (as it should appear on tax receipt): _____

Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Gift Information:

Gift Amount: _____

Cheque (enclosed) OR Credit Card (please circle one): VISA MasterCard American Express

Credit Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____

Acknowledgement Information:

Please send acknowledgement of this gift to the Sheela Basrur Centre: Yes No

Acknowledge the donation from (if different from above): _____

Individual Donor Recognition:

Associate	\$ 500.00	Invitation to Annual General Meeting, Listing on website, Charitable Tax Receipt
Colleague	\$ 1,000.00	<i>Associate level, plus:</i> Listing in newsletter, Invitation to all Sheela Basrur Centre events
Founding Member	\$ 2,500.00	<i>Colleague level, plus:</i> Invitation to private reception prior to annual lecture, Permanent recognition at Sheela Basrur Centre

Please fax the completed form to 416-921-1026, or mail the form to:

The Sheela Basrur Centre Fund at the Toronto Community Foundation
33 Bloor Street East, Suite 1603
Toronto, Ontario M4W 3H1

www.tcf.ca



**TORONTO
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