



# Donation Form

Thank you for donating to the Baycrest Foundation benefiting Baycrest.

Event Name: \_\_\_\_\_

Which Event Year Are You Donating To? 20 \_\_\_\_\_

## Who Are You Donating To?

Name: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Donate to individual  Donate to team

## Print Your Name Clearly, As You Wish It To Appear On Your Tax Receipt.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (for business donations): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email (to receive tax receipt by email): \_\_\_\_\_

Phone (mandatory for credit card payments): \_\_\_\_\_

In order to receive important event information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.

Please mail this form with your donation to this address:

**Baycrest Foundation**  
3560 Bathurst St.  
Toronto, ON M6A 2E1

Or donate online at  
[baycrestfoundation.org/donate](http://baycrestfoundation.org/donate)

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars.
- **We cannot accept cash donations.**
- All donations are 100% tax deductible, tax receiptable (if you donate \$15 or more), non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

**For more information about Baycrest, visit [baycrest.org](http://baycrest.org)**

## Choose Your Level Of Donation.

We're grateful for anything you can give. Every dollar goes towards helping us defeat dementia!

\$2,500  \$250

\$1,500  \$100

\$1,000  \$50

\$500  \$25

(any amount) \$ \_\_\_\_\_

**Payments Over Time**

\_\_\_\_\_ monthly payments of \$ \_\_\_\_\_ (Monthly payments must be \$25 or higher and cannot extend beyond Dec.31, 2023)

Please have someone contact me about leaving a gift at The Baycrest Foundation.

## Select Between Two Easy Payment Options.

**Personal Cheque** Single payment in full only. Please make cheques payable to: The Baycrest Foundation. Include participant name on all cheques.

**Credit Card** Single or monthly payments. Your monthly statement(s) will read Baycrest. Payments commence immediately upon the processing of this form by the donation office.

Visa  Mastercard  Amex

Card Number

Exp

CVV

Cardholder Name: \_\_\_\_\_

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

Yes, I would like to cover the admin fee of 3% of the transaction total.

**Email**