



Donation Form

Thank you for donating to the Baycrest Foundation benefiting Baycrest.

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

- 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

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.