DONATION SUPPORT OPTIONS

Your donation will be used to support the operational and equipment needs of the Cardiac Fitness Institute to allow the continued operation of the program.

I would like to help by giving a donation this year!

Name (Please Print)

Address

City Province Postal Code

PLEASE MAKE CHEQUES PAYABLE TO: CARDIAC FITNESS INSTITUTE

Note: Income Tax Receipts need to be limited to donations of $20 or more as London Health Sciences Foundation charges CFI $5.00 for each receipt.

☐ My company has a gift matching program. (Please include your company's matching gift form with this form.)

Payment Options (please select one method) CHARITABLE REGISTRATION 89478 1475 RR0001

A)

☐ Cheque (payable to Cardiac Fitness Institute) Amount $ _____ (Multiple post dated cheques can be used with one annual receipt.)

B)

☐ Mastercard ☐ Visa ☐ Amex One Time Amount $ _____

or I authorize installments of $ _____ ☐ monthly ☐ quarterly ☐ annually

Commencing (month/year) _____ and ending (month/year) _____

Card Number: | | | | | | | | | | | | | | | | | | | | Expiry Date: _____

Signature: _____ Date: _____

One annual income tax receipt will be provided.

C)

☐ Pre-authorized Chequing (Canadian financial institutions only.)

I authorize installments of $ _____ ☐ monthly ☐ quarterly ☐ annually

Commencing (month/year) _____ and ending (month/year) _____

Signature: _____ Date: _____

Please include a blank cheque marked "VOID". One annual income tax receipt will be provided.

OFFICE USE ONLY

Const. ID # _____ Fund # 50-150-06 (Cardiac Fitness Fund 08048) Code: _____ Date: _____

Please return this page in the return envelope or mail to:
Cardiac Fitness Institute, 800 Commissioners Rd. East, London, Ontario, N6A 4G5