

Tribute Donation Form

Thank you for thoughtfully and generously making a donation as a tribute to someone special today. Thank you also for choosing the Spina Bifida & Hydrocephalus Association of Ontario. Your gift will support vital programs, public education and research. Every gift you make really does help improve the lives of everyone living with spina bifida and/or hydrocephalus.

An acknowledgement will be mailed to the family or person you designate.

In Tribute to: Salutation _____ First Name _____ Last Name _____

Family/Individual to receive acknowledgement _____

Their address _____

City _____ Province _____ Postal Code _____

You may provide a personalized message or select from the following options:

- In celebration of your birthday
- In celebration of your anniversary
- In celebration of your engagement
- In celebration of your wedding

Or your personalized message _____

Your name: Salutation _____ First Name _____ Last Name _____

Your address _____

City _____ Province _____ Postal Code _____

Telephone Number (Day) _____

Gift Amount \$ _____ Payment Type Cheque Please make cheque payable to SB&H.

Credit Card Visa Amex Master Card

Card Number _____ Expiry Date _____

Name on Card _____ Cardholder Signature _____

Please mail this completed form together with payment to:

Spina Bifida & Hydrocephalus Association of Ontario
16 Four Seasons Place
Suite 111
Toronto, ON M9B 6E5

If paying by credit card, you may fax the form to us at 416-214-1446

Thank you for your donation.