

PLEASE PRINT THIS FORM – THEN MAIL WITH YOUR CHEQUE

Thank you for making a donation to the Heart and Stroke Foundation.
If you have any questions please call us at 1-888-HSF-INFO (1-888-473-4636).

THIS IS WHAT HAPPENS WHEN YOU PUT YOUR HEART INTO IT.™



I am enclosing a one-time donation of:

\$35 \$50 \$100 \$250 Other: _____

Mr. Mrs. Ms Dr Other: _____




First name: _____ Last name: _____

Address: _____ Suite: _____

City: _____ Prov/State: _____ Postal code/ZIP: _____

Country: _____ Home telephone: _____

- Cheque or money order payable to: Heart and Stroke Foundation
- Please charge the above amount to my credit card. *(please complete credit card information below)*

Credit Card information: Visa  MasterCard  American Express 

Name on Card: _____

Card Number: _____ Expiry Date: _____

Signature: _____

Type of Donation **In Honour**

Gift in honour of: PAMELA TABAK
(name of individual)

FOR

Send acknowledgement card to:

First name: PAMELA Last name: TABAK

Address: 3555 DON MILLS ROAD Suite: 18 - 1725

City: TORONTO Prov/State: ONT Postal code/ZIP: M2H 3N3

How would you like the card to be signed? _____
(name or names)

Thank you for supporting the Heart and Stroke Foundation.

**Please mail form with your cheque to: Heart and Stroke Foundation of Ontario
P.O. Box 7008, Station Main, London, ON, N5Y 5W7 CANADA**