



FRIDAY, APRIL 9, 2010
HILTON SUITES MARKHAM



CONFIRMATION OF GALA GIFT/SERVICE DONATION

For the purpose of assisting our Gala to be held on Friday, April 9, 2010 in support of Markham Stouffville Hospital, the undersigned donor hereby agrees to donate the item(s) described herein to the Markham Stouffville Hospital Foundation under the terms set forth below.

Please Print

Donor/Company Name _____

Address _____ Suite, Apt. Unit # _____

City _____ Province _____ Postal Code _____

Tel. No. (_____) _____ Ext. _____ Fax No. (_____) _____

Company Contact & Title _____

Signature _____ Email _____

| ITEM _____ | RETAIL VALUE \$ _____ |
|------------------------------------|-----------------------|
| Detailed Description of Item _____ | |
| _____ | |
| _____ | |

Gift Certificate

Attached To be picked up Mailed Delivered To be created

Delivery Arrangement & Date _____ Committee Contact _____

Advertising

Markham Stouffville Hospital Foundation will be permitted to advertise the item for sale in connection with its fundraising event. If donor does not wish name to be used in connection therewith, please check

Charitable tax or business receipts will be provided upon request in accordance with Canada Revenue Agency Guidelines.

Please return completed form to:

Markham Stouffville Hospital Foundation,
381 Church Street, PO Box 1800, Markham, ON L3P 7P3

For further details, contact Natasha Fieldman
T: 905-472-7373 ext. 6647 F: 905.472.7018
nfieldman@msh.on.ca

Charitable Registration Number: 13064 3620 RR0001



A FUNDRAISER FOR MARKHAM STOUFFVILLE
HOSPITAL EXPANSION CAMPAIGN

WE'RE GROWING. TOGETHER.