

TORONTO BOTANICAL GARDEN IN MEMORY DONATION FORM

YOUR INFORMATION

First Name _____ Last Name _____
Address 1 _____
Address 2 _____
City _____ Province _____
Postal Code _____
Home Phone _____ Business Phone _____
Email
address _____
 I wish to remain anonymous in all recognition publications

NEXT OF KIN INFORMATION

So we may notify the family of the gifts given in memory of their loved one.

First Name _____ Last Name _____
Address 1 _____
Address 2 _____
City _____ Province _____
Postal Code _____
Home Phone _____ Business Phone _____
Email
address _____
Relationship to the deceased (son, daughter, wife, husband, etc.) _____

IN MEMORY DETAILS (OF THE DECEASED)

First Name _____ Last Name _____
Address 1 _____
Address 2 _____
City _____ Province _____
Postal Code _____

PAYMENT DETAILS

My donation today is: \$30 \$50 \$100 Other _____
 I've enclosed my cheque payable to **Toronto Botanical Garden**, or:
 Please charge my: Visa Mastercard

Card #: _____ Expiry: ____/____
Print Name: _____ Signature: _____
A tax deductible receipt will be given to the payee.

Please return completed form with payment to:
Development Department, Toronto Botanical Garden
777 Lawrence Ave East, Toronto, ON M3C 1P2
Tel: 416-397-1340 Fax: 416-397-1354 www.torontobotanicalgarden.ca