



YES! I wish to donate to the Walk with Heart

Enclosed is my donation of: \$25 \$50 \$100 \$Other: _____



DONOR INFORMATION:

NAME: _____ ADDRESS: _____ CITY: _____

PROV: _____ P CODE: _____ PHONE #: _____ EMAIL: _____

PAYMENT INFORMATION:

PAYMENT METHOD: CHEQUE (PAYABLE TO SHN FOUNDATION) VISA MASTERCARD

CREDIT CARD NUMBER: _____ / _____ EXPIRY: _____ SIGNATURE: _____

NAME OF WALKER I AM SUPPORTING: _____ *thank you for your support!*

Please send your donation to: SHN Foundation | 108-3030 Lawrence Avenue East, Scarborough ON M1P 2T7 | 416-431-8130
Tax receipts will be issued for gifts of \$20 or more | CR# 11914 2263 RR0001

WITH YOUR SUPPORT
we will be able to raise funds for our cardiovascular rehab program!