



UNIVERSITY HOSPITALS  
KINGSTON FOUNDATION  
Our Hospitals. Our Health. Our Future.

# PLEDGE/GIFT FORM

366 King Street East, Ste. 201 Kingston, Ontario K7K 6Y3  
Phone: 613-549-5452 Fax 613-549-5455

**www.kingstonhospitalsfoundation.ca ~ Email: Foundation@uhkf.ca**  
**Charitable Registration Number #820218147RR0001**

## My Contact Info

Donor/Organization Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Contact Name and Position (for Organizations Only) \_\_\_\_\_

If you were assisted by a University Hospitals Kingston Foundation staff member or volunteer, please note name: \_\_\_\_\_

## My Gift Details

I want to give a total of \$\_\_\_\_\_ as a one time gift **or** pledge \$\_\_\_\_\_ over \_\_\_\_\_ months.

Please direct my gift as follows:

- Shared by the hospitals where needed most
- Capital Redevelopment
- Hotel Dieu Hospital
- Providence Care
- Kingston General Hospital
- \_\_\_\_\_ (please specify)

**My payment is:**  Enclosed

### **My payments will be made (check one)**

Annually  Semi-annually  Quarterly  Monthly  Other (please specify \_\_\_\_\_)

Starting : \_\_\_\_\_ (mm/dd/yy)

### **I intend to pay by:**

Cash  Cheque (payable to UHKF)  Pre-Authorized Debit (include void cheque)  Other (e.g. Stock, etc)  Credit Card (Visa or Mastercard)

Visa/Mastercard # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ - \_\_\_\_\_

Name on card \_\_\_\_\_

**In Memory of** or  **Tribute for:** \_\_\_\_\_

Gift Acknowledgement to: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Relationship to Above: \_\_\_\_\_

Donation Message: \_\_\_\_\_

**Thank you for supporting our hospitals!**

**Please return completed form to:  
University Hospitals Kingston Foundation  
366 King Street East, Ste. 201 Kingston, Ontario K7K 6Y3**

**Other Useful Information:**

Official receipts for income tax purposes will be issued for gifts of \$20 or more, which comply with CRA guidelines. Receipts for gifts of less than \$20 will be issued upon request from the donor. Receipts for pledge payments will be issued on a yearly consolidated basis by the Foundation to the donor.

Official receipts for income tax purposes are not routinely issued to charitable organizations and foundations, but may be issued if requested by the donor. Official receipts for income tax purposes are not issued for sponsorships, auction purchases, golf registration fees and other financial transactions cited in the Canada Revenue Agency's Bulletin IT-110R3. These transactions may be acknowledged through issue of a non-official tax receipt.

The Foundation is pleased to provide recognition on a combined basis for gifts from individuals and private companies. Please advise us of which gifts to link for recognition purposes.

The Foundation assumes responsibility for allocating the funds to the appropriate hospital foundation as directed by the donor(s). Each hospital foundation assumes responsibility for disbursing the funds to its related hospital.

*University Hospitals Kingston Foundation is the fundraising arm for Hotel Dieu Hospital, Kingston General Hospital and Providence Care. Created in 2005, the Foundation raises money for upgrading our hospital facilities as well as programs, equipment, education and research that benefit the 500,000 people in Kingston and Southeastern Ontario served by the three teaching hospitals. To find out more about giving opportunities or to make a donation call 613-549-5452 or toll-free at 1-866-549-5452 or go online to [www.kingstonhospitalsfoundation.ca](http://www.kingstonhospitalsfoundation.ca).*

**My Recognition Preferences**

- Please treat my gift as anonymous. I do not wish to be recognized.
- I/We would like to be recognized in any published listings as follows:

\_\_\_\_\_

**Further Details/Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**My Signature**

\_\_\_\_\_  
**Today's Date**

**For Office Use Only:**

- Fund: \_\_\_\_\_  Copy to Recognition and Stewardship
- Appeal: \_\_\_\_\_  Copy to Coordinator, Special Events
- Campaign: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_