



Corporate Matching

If your employer has a corporate matching program, please complete the information below and provide the original to your company representative. Please make cheques payable to Griffin Centre Mental Health Services.

EMBODY YOGA Participant Details:

Participant Name: _____

Donor Name: _____

Team Name (if applicable): _____

Total Amount of Matching Gift: \$ _____

Special Instruction: _____

Organization Details:

Company Name: _____

Employee Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Company Representative Name: _____

Company Representative Signature: _____

Please mail the completed form and payment to:

Griffin Centre Mental Health Services
1126 Finch Avenue West, Unit #16
Toronto ON, M3J 3J6

If you have any questions, or would like more information about giving opportunities at Griffin Centre, please contact Heather Cobbledick at 416-222-1153 ext 129 or hcobbledick@griffincentre.org

Thank you for your support!

