



## 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 Nicole Hart at 416-222-1153 ext 129 or [nhart@griffincentre.org](mailto:nhart@griffincentre.org)

**Thank you for your support!**

