

## **DONATION FORM**

This form <u>must</u> be attached to the cheque or cash being sent to the mailing address below. Note: INFORMATION MUST BE COMPLETE AND LEGIBLE TO RECEIVE A TAX RECEIPT. TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OF \$20 OR MORE.

## Individual 🗆 Company 🗆

Full Name:						
(For individual	donations, this is th	e name that will o	appear on the tax r	eceipt)		
Legal Comp (for corporate of	any Name: donations)					
(to receive you	r tax receipt by ema	il)				
Address:						
City:						
Province:			Postal Code:		_Tel:	
l support a j	participant 🗆	l support	a team 🗆	support the eve	nt 🗆	
Name of eve	ent:					
Name of par	ticipant or team	1:				
Please acce □\$50	pt my donation o □\$100		□ \$500	□\$1000	Other:	
We recognize t	hose who donate \$5	500 or more in ou	r publications. Che	eck here if you wish to	remain anonymous.	
Payment op □ Cash □ Cheq	otions: ue: Make-A-Wis	sh Canada				

## PLEASE MAIL TO:

Make-A-Wish Canada

## ATTN: [event name if you have one]

1101 Kingston Rd, Suite 350, Pickering, ON L1V 1B5

4211 Yonge Street, Suite 520, Toronto, 1-888-822-9474 ON M2P 2A9 info@makeawish.ca

Charitable Registration Number: 881291918 RR 0001

INTERNAL USE :