

organization. For more information on our privacy policy, please visit makeawish.ca/privacy.

Event Name: Event Location: Team Name: Event Date:			Participant's Name:				Company:		
			Address:				City:	Prov:	
			Postal Code:		Phone (home):		Phone (cell):		
			Email Address:						
Informat	ion must be o	complete and legible to	o receive a tax	rece	ipt. Tax re	ceipts will be	e issued for donations of S	\$20 or m	ore
Please co							re helping us allocate more funds to gr eawish.ca or by calling 1-888-822-947		hes.
FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PHONE	EMAIL	DONATION	TYPE
Cheryl	Smith	123 Main Street	Toronto	ON	M5K 0G0	416-555-6100	csmith@hotmail.com	\$250	□CAS
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Make all cheques payable to: Make-A-Wish Canada.							TOTAL PLEDGES		1001
Please mail this form along with all donations to: Make-A-Wish Canada, #350-1101 Kingston Rd, Pickering, ON L1V 1B5.							TOTAL COLLECTED		
Make-A-Wish® Foundation of Canada is committed to protecting the privacy and the personal information of our donors and							BALANCE REMAINING		
supporters. The personal information you share with us will be used to process your donation and to provide you with more opportunities to grant more wishes to children with critical illnesses. Your information will not be sold, traded or rented to any							THANK YOU FOR YOUR GENEROSITY. Your generosity means the world to everyone who turns to		

Charitible Registration Number 881291918 RR 0001

Your generosity means the world to everyone who turns to Make-A-Wish Canada® — because wishes only come true with stars like you.