

## Pledge Form

internai	use:	Event ID:1197	

undraiser's Name: Company:		Fur
Address:	City:	Prov:
Postal Code: Pho	one (home): Phone	· (cell): Fur
Email Address:		

## INFORMATION MUST BE COMPLETE AND LEGIBLE TO RECEIVE A TAX RECEIPT.

**Tax receipts will be issued for donations of \$20 or more.** Please consider an e-mail receipt option by providing your email address below. Not only are you helping the environment, you are helping us allocate more funds to grant more wishes. All cheques should be made payable to: **Make-A-Wish Canada.** 

Credit card donations can be made online at www.womenforwishes.ca or by calling 1-888-822-9474.

Fundraising Event Name:

Fundraising Event Location (or online):

I wish to record
my song
Jaime, 17
cancer

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	□CASI
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Make all cheq	ues payable to: <b>Ma</b> l	ke-A-Wish Canada. Please mail this	form along with all	donatio	ns to: Make-A	-Wish	TOTAL PLEDGES		_ □ снс
	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			

Make-A-Wish® Foundation of Canada is committed to protecting the privacy and the personal information of our donors and 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 organization. For more information on our privacy policy, please visit makeawish.ca/privacy.

Charitible Registration Number 881291918 RR 0001

THANK YOU FOR YOUR GENEROSITY.

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