

- 1.** PLEASE PRINT CLEARLY
- 2.** Make cheques payable to Make-A-Wish Canada
- 3.** Tax receipts will be issued for donations of \$20 or more.
- 4.** Information must be complete and legible to receive a tax receipt.

| FIRST NAME  | LAST NAME | HOME ADDRESS    | CITY | PROV. | POSTAL CODE | PHONE        | EMAIL                    | DONATION | CHQ                      | CASH                     |
|---|-----------|-----------------|------|-------|-------------|--------------|--------------------------|----------|--------------------------|--------------------------|
| Cheryl  | Smith     | 123 Main Street | Edm  | AB    | T5K 0G0     | 780-555-6100 | csmith@hotmail.com       | \$250    | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|   |           |                 |      |       |             |              |                          |          | <input type="checkbox"/> | <input type="checkbox"/> |
| Fundraiser's Name: _____ Phone: _____                     |           |                 |      |       |             |              | <b>TOTAL PLEDGES</b>     |          |                          |                          |
| Address: _____ City: _____ Prov: _____ Postal Code: _____ |           |                 |      |       |             |              | <b>TOTAL COLLECTED</b>   |          |                          |                          |
| Email: _____ Team Name _____                              |           |                 |      |       |             |              | <b>BALANCE REMAINING</b> |          |                          |                          |

Cheques should be made payable to: Make-A-Wish Canada. Drop off or mail all of your original tracking forms along with all donations, cash, cheques and credit card forms to: Make-A-Wish Canada, Northern Alberta & NWT Chapter, 16007 118 Ave, Edmonton, Alberta T5V 1C7. Please mail all donations within 30 days of completing your fundraising event.

**THANK YOU FOR YOUR GENEROSITY.**

*Make-A-Wish is a registered charity that relies on funds raised through donations and special events to provide wish experiences.*

Charitable Registration Number: 88129 1918 RR0001