

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 🗆

Name:				
(For individual donations, this is the name that will appear on the tax receipt)				
Legal Company Name:				
(for corporate donations)				
Email:				
(to receive your tax receipt by em	ail)			
Address:				
City:				
Province:Postal		tal Code:		_Tel:
support a participant \Box I support a team \Box		I support the event \Box		
Name of participant or tean	n:			
Please accept my donation		- +	- + /	
□\$50 □\$100	□ \$250	□ \$500	□ \$1000	Other:
We recognize those who donate \$500 or more in our publications. Check here if you wish to remain anonymous. 🛛				
Payment options: □ Cash				
Cheque: Make-A-Wi	sh Canada			
Note: <u>Credit card donations</u> c	an be made dire	ctly online at: <u>w</u>	ww.holidaywishbox.c	<u>ca</u>

PLEASE MAIL TO:

Make-A-Wish Canada

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

4211 Yonge Street, Suite 520, Toronto, ON M2P 2A9 1-888-822-9474