

Make	-A-Wish	l。 Pledge Form						6		
Participant's Name:		Company: Prov: Prov:_					Event Name:			wish to
Postal Code:		Phone (home): Prov: Event Location:					song Jaime, 17 cancer			
Tax receipts email address	s will be issued for c s below. Not only are wishes. Al	BE COMPLETE AND LEG donations of \$20 or more. Please con e you helping the environment, you a Il cheques should be made payable to can be made online at www.makeav	nsider an e-mail rea are helping us allo o: <b>Make-A-Wish (</b>	ceipt opt cate mor Canada.	ion by providin e funds to grar	ng your	Team Name:  Event Date:			e e e
FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PHONE	EMAIL		DONATION	TYPE
Cheryl	Smith	123 Main Street	Toronto	ON	M5K 0G0	416-555-610	100 csmith@hotmail.com		\$250	□CASH <b>X</b> CHQ
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Cheryl	Smith	123 Main Street	Toronto	ON	M5K 0G0	416-555-6100	csmith@hotmail.com	\$250	□CASH <b>X</b> CHQ
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Make all cheques payable to: Make-A-Wish Canada.							TOTAL PLEDGES		•
Please mail tl	his form along with a	all donations to: Make-A-Wish Canad	TOTAL COLLECTED						

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

**BALANCE REMAINING** 

## 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.