

FOR WI	SHES—☆	Pledge Form							
Participant's Name:			Company:				Team Name:	3 4	
Address:			_ City:		Prov:				
Postal Code:		Phone (home):	Phone (ce	II):			Event Location:		
Email Address:_							Event Estation.		
INFORM	ATION MUST	BE COMPLETE AND LEG	IBLE TO REC	EIVE	A TAX RE	CEIPT.	INTERNAL USE: BC - 984		
-		lonations of \$20 or more. Please cor				• .	I wish to record		
email address		e you helping the environment, you a	nt more	my song					
Cuc		I cheques should be made payable to an be made online at trailblazeforwi			0 000 0474		Jaime, 17 cancer		500
Cre	edit card donations c	an de made omine at <b>trandiazetorwi</b>	isnes.ca or by callir	ıg 1-000	5-622-9474.				900
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	csmith@hotmail.com	\$250	□CASH <b>X</b> CHQ
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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	□CASH
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Make all cheques payable to: Make-A-Wish Canada.							TOTAL PLEDGES		1- ,
Please mail th	is form along with a	all donations to: Make-A-Wish Canad	N L1V 1B5.	TOTAL COLLECTED					
Make-A-Wish	® Foundation of Car	nada is committed to protecting the p	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.