Make-A-Wish

TRAILBLAZE FOR WISHES

Pledge Form

Participant's Name: _____ Company: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone (home): _____ Phone (cell): _____

Email Address: _____

Team Name: _____

Event Location: _____

INTERNAL USE: SK - 986

I wish to record my song

Jaime, 17
cancer

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 **trailblazeforwishes.ca** or by calling 1-888-822-9474.

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 ☒ CHQ
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Make all cheques payable to: **Make-A-Wish Canada.**

Please mail this form along with all donations to: Make-A-Wish Canada, #350-1101 Kingston Rd, Pickering, ON L1V 1B5.

TOTAL PLEDGES	
TOTAL COLLECTED	
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.

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