

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 □					
Full Name:					
(For individual donations, this is the	ne name that will	appear on the tax	k receipt)		
Legal Company Name:					
(for corporate donations)					_
Email					
(to receive your tax receipt by em	ail)				_
City:					
Province:	Postal Code:			_Tel:	
I support a participant □	I support	a team □	I support the eve	ent □	
Name of participant or team	n:				
Please accept my donation	of:				
□ \$50		□ \$500	□ \$1000	Other:	-
We recognize those who donate \$	\$500 or more in o	ur publications. C	heck here if you wish	to remain anonymous. $\ \square$	
Payment options: ☐ Cash					
☐ Cheque: Make-A-Wi	sh Canada				
Note: Credit card donations of		ctly online at: wv	vw.48hourride.ca		

PLEASE MAIL TO:

Make-A-Wish Canada 1155 Boulevard Robert-Bourassa, suite 1200 Montreal, Quebec H3B 3A7

4211 Yonge Street, Suite 520, Toronto, ON M2P 2A9

Charitable Registration Number: 881291918 RR 0001

1-888-822-9474

national events @makeawish.ca

Internal Use: QC - 788