

Participant's Name: _____ Company: _____
 Address: _____ City: _____ Prov: _____
 Postal Code: _____ Phone (home): _____ Phone (cell): _____
 Email Address: _____

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 48hourride.ca or by calling 1-888-822-9474.

Team Name: _____

Event Location: _____

INTERNAL USE: QC- 788

*I wish to record
my song*

Jaime, 17
cancer



FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PHONE	EMAIL	DONATION	TYPE
Cheryl	Smith	123 Main Street	Montreal	QC	M5K 0G0	514-555-6100	csmith@hotmail.com	\$250	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ
									<input type="checkbox"/> CASH <input type="checkbox"/> CHQ

Make all cheques payable to: **Make-A-Wish Canada.**
 Please mail this form along with all donations to: Make-A-Wish Canada, #1200-1155 Boulevard Robert-Bourassa,
 Montreal, QC, H3B 3A7

TOTAL PLEDGES	
TOTAL COLLECTED	
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.

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.