

School Name: _____

Participant Name: _____

Teacher's Name: _____



Sponsor's Name	Mailing Address (incl. Apt. #) City, Province, Postal Code	Phone Number Email Address	Amount Pledged	Paid (✓)	Payment Method	Receipt Requested (✓)

PLEDGE INFORMATION

Information must be **complete** and **legible** to receive a tax receipt. Tax receipts will not be issued for donations under \$20.00 unless requested. Please photocopy this form for your records.
 Cheques should be made payable to The Children's Wish Foundation of Canada.

SUBTOTAL FOR THIS PLEDGE FORM		GRAND TOTAL
TOTAL # OF PLEDGE FORMS		\$

THANK YOU FOR YOUR SUPPORT!