

Proudly Supporting



Event Site/Name: _____
 Participant Name: _____
 Team Name: _____
 Language Preference: English French

Mailing Address: _____
 Phone Number: _____
 Email: _____

THANK YOU FOR YOUR SUPPORT!

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

Information must be **complete** and **legible** to receive a tax receipt. Tax receipts will not be issued for donations under \$10.00 unless requested. Please photocopy this form for your records.
 Cheques should be made payable to Children's Wish Foundation of Canada.

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

THANK YOU FOR CREATING THE MAGIC OF A WISH

| Sponsor's Name | Mailing Address (incl. Apt. #) City, Province, Postal Code | Phone Number Email Address | Amount Pledged | Paid (✓) | Payment Method | Receipt Requested (✓) |
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| SUBTOTAL FOR THIS PLEDGE FORM | | GRAND TOTAL |
| TOTAL # OF PLEDGE FORMS | | \$ |