

# Wishmaker Walk

Event Site/Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Team Name: \_\_\_\_\_

Email: \_\_\_\_\_

















Language Preference:  English  French

**THANK YOU FOR YOUR SUPPORT!**

I would like to maximize the amount raised by donating my earned gift card back to Children's Wish.

Visit [www.wishmaker.ca](http://www.wishmaker.ca) for more information about incentive prizes.

I want my incentive prize. *Please select from one of the following options:*  Bon Appétit  Canadian Tire  Cineplex  HBC

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 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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