

## **DONATION FORM**

Thank you for making a donation to SickKids GetLoud

I WOULD LIKE TO SUPPORT:		
Name		Participant Number
PRINT YOUR NAME CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT.		
First Name		ast Name
Company Name (if business donation)		
Address		
City	y Province	Postal Code
Hor	Home Phone Other Phone	
Email		
O No, I would not like to receive periodic communication from SickKids Foundation.		
DONATION AMOUNT		
0	\$25	\$250
0	Other (please insert amount): \$	
Please enter your message as you would like it to appear on the participant's Honour Roll.		
O	I do not want my donation amount on the participant's Honour Roll.	
PAYMENT METHOD		
	Please find my cheque enclosed, made payable to SickKids Foundation. Include participant name on all cheques.	
0	Please charge my donation by credit ca	ard: O WSA O MasterCard O 1972
Card Number Expiry DateMM /YY		
Cardholder Name		
Signature		

Please mail this form along with your donation to:

## SICKKIDS GETLOUD c/o SickKids Foundation

525 University Avenue Suite 835 Toronto, ON M5G 2L3

Or make your donation online at **GetLoudforSickKids.ca** 

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars. Please do not send cash donations.
- Tax receipts will be provided for donations of \$20 or more.
- An individual is not eligible for an individual tax receipt when a donation is the sum of amounts collected from other individuals (for example, proceeds collected from a number of people from an event).
  In such instances, please check off the "Receipt Opt-Out" box below.
- All donations are non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

Charitable Business Number: 10808 4419 RR0001