



HEATWAVE Events
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Please make a donation to help raise funds for childhood cancer research at SickKids.

PLEDGE FORM

Name	Phone #	Email	Street Address	City	Postal Code	Payment	Tax Receipt Check (✓)	Amount
1.						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		\$
2.						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		\$
3.						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		\$
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7.						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		\$
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9.						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		\$
10.						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		\$

PAGE # ____ OF ____	Registered Charity # 10808 4419 RR0001	TOTAL THIS PAGE	\$
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Tax Receipts will be issued for all donations of \$20 or more. Make cheques payable to The Hospital for SickKids Foundation.