

SickKids VS[®]

Event Name: _____ Email: _____

Participant Name: _____ Team Name: _____

Address: _____ Phone: _____

Donor Name (Please Print Clearly)	Email	Address, City, Province	Postal Code	Phone Number	Donation Amount	Paid (Cash or Cheque)	Receipt Requested (\$20+)
Make cheques available to SickKids Foundation. SickKids Foundation will issue Charitable Donation Receipts. Donations over \$20 or over will be receipted upon request.						Total Collected	\$
Registered Charitable Organization Number: 10808 4419 RR0001							

Hand in your donations/forms to the event organizer or mail to:
 SickKids Foundation, 525 University Ave, 14th Floor, Toronto, ON M5G 2L3
Do not mail cash.

