



DONATION FORM

Note: This information will be used to produce a tax receipt, please write clearly

Individual Company

Name: _____

Company: _____
(for corporate donations)

Email: _____
(to receive your tax receipt by email)

Address: _____

City: _____

Province: _____ Postal Code: _____ Tel: _____

I support a participant I support a team I support the event

Name of participant or team: _____

Please accept my donation of:
 \$50 \$100 \$250 \$500 \$1000 Other: _____

We recognize those who donate \$500 or more in our publications. Check here if you wish to remain anonymous.

Payment options:

- Cash
 Cheque: **Make-A-Wish Canada**
 Credit Card Visa MasterCard

#Card : _____ Expiration Date : _____

CVV (3 digits) : _____

Name on card : _____ Signature : _____

Note : You can donate directly online :
www.trailblazeforwishes.ca
Receipts are automatically sent for donations over 20\$

Make-A-Wish Mailing Address
Please visit the local event site to find the correct mailing address
www.trailblazeforwishes.ca
Charitable Registration Number: 881291918 RR 0001