Make-A-Wish® Offline Donation Form

Participant Name: _____

Team Name: _____

Date Submitted: _____

Information must be complete and legible to receive a tax receipt. Tax receipts will be issued for donations of $20 or more.

PLAY BALL HAVE FUN spfk MAKE WISHES COME TRUE

Please consider an e-mail receipt option by providing your email address below. Not only are you helping the environment, you are helping us allocate more funds to grant more wishes.

INPUT OFFLINE	FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PHONE	EMAIL	DONATION	TYPE
☐	Cheryl	Smith	123 Main Street	Toronto	ON	M5K 0G0	416-555-6100	csmith@hotmail.com	$250	☐CASH ☒ CHQ
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Make all cheques payable to: **Make-A-Wish Canada.**								**CASH AMOUNT**		
								CHEQUE AMOUNT		
								TOTAL AMOUNT		

Make-A-Wish® Foundation of Canada is committed to protecting the privacy and the personal information of our donors and supporters. The personal information you share with us will be used to process your donation and to provide you with more opportunities to grant more wishes to children with critical illnesses. Your information will not be sold, traded or rented to any organization. For more information on our privacy policy, please visit makeawish.ca/privacy.

Charitible Registration Number 881291918 RR 0001

THANK YOU FOR YOUR GENEROSITY.
Your generosity means the world to everyone who turns to Make-A-Wish Canada® — because wishes only come true with stars like you.