

SickKids



Cancer

Event Name: _____ Email: _____

Participant Name: _____ Team Name: _____

Address: _____ Phone: _____

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

Hand in your donations/forms at the Event at the SickKids Pledge tables or mail to:
 Heatwave for SickKids, 3602-70 Distillery Lane, Toronto, Ontario, M5A 0E3
www.HeatwaveEvents.com Email: info@HeatwaveEvents.com
 Do not mail cash.

