Hamilton Health Sciences Foundation
Charitable Reg. No. 131159543 RR 0001

McMaster Children's Hospital
2012 Pledge Form

Donations in Support of Hamilton Health Sciences Foundation - McMaster Children's Hospital

Fundraiser Name: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____

PLEASE NOTE: FULL NAME & ADDRESS MUST BE LEGIBLE TO RECEIVE TAX RECEIPT
Receipts will not be issued if information is incomplete. See Example

TITLE/ NAME	ADDRESS	POSTAL	DONATION	E-MAIL	PAID	TAX RECEIPT
EXAMPLE **Mr. John Smith**	**123 Any Address, Hamilton ON**	**L8L 2P2**	**$20.00**	**My_mail @ yahoo.ca**	√	**Yes or No**

****Only donations of $20 or more will be receipted**
***** Please make cheques payable directly to: Hamilton Health Sciences Foundation**