



Make-A-Wish® Mail-In Gift Form
Please make all cheques payable to Make-A-Wish®

Date (mm/dd/yy): ___/___/___

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Enclosed is my gift for: \$ _____

Please add me to the Make-A-Wish® Canada: E-Newsletter Mailing List

Email Address: _____

Donation Amount

Gift Amount: \$ _____ Visa Mastercard

Or I would prefer to donate \$ _____ / month

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Chequing Account
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Credit Card Number: _____ Expiry Date: _____ Name on Card: _____ Signature: _____	Withdrawal Date: the 15 th of each month Name of Bank: _____ Branch Number: _____ Institution Number: _____ Account Number: _____

If you would like to make a Memorial or Tribute gift, please complete this section

In Honour of: _____

In Memory of: _____

Personal Message (to be added to the card):

Send gift notification to (Name): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Please do not mail cash. Thank you for your continued support.

Make-A-Wish® Canada

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