PLEDGE FORM

Children's MIRACLE MISSION

AGENT INFORMATION

Title | First Name | Last Name | Street Address | Apt/Unit #

City | Postal Code | Phone | Email

Please print clearly and include the complete mailing address with postal code (receipts issued for donations of $20 or more). Please make cheques payable to **Children's Health Foundation.** *Charitable Registration Number: 11885 2482 RR0001*

Title	Name	Address	Phone Number	Email Address	Pledge ($)	Paid
Ms.	Mary Smith	123 Main St., London, ON, N1N 1N1	519-555-5555	msmith@email.com	100	✓
				Total		

Children's Health Foundation collects the information provided above for communication, statistical purposes and to process donations in accordance with the Canada Revenue Agency. If you do not wish to receive further communication from Children's Health Foundation, call us at 1-888-834-2496.