



PARTICIPANT PLEDGE FORM

Collect donations to reach your goal

MY NAME IS _____ MY TEAM NAME IS _____

DONORS

First Name	Last Name			Cash (\$)	Cheque (\$)
Address	City	Province	Postal code		
Email	Phone #			_____	_____
First Name	Last Name			Cash (\$)	Cheque (\$)
Address	City	Province	Postal code		
Email	Phone #			_____	_____
First Name	Last Name			Cash (\$)	Cheque (\$)
Address	City	Province	Postal code		
Email	Phone #			_____	_____
First Name	Last Name			Cash (\$)	Cheque (\$)
Address	City	Province	Postal code		
Email	Phone #			_____	_____
First Name	Last Name			Cash (\$)	Cheque (\$)
Address	City	Province	Postal code		
Email	Phone #			_____	_____
First Name	Last Name			Cash (\$)	Cheque (\$)
Address	City	Province	Postal code		
Email	Phone #			_____	_____

INSTRUCTIONS FOR DONATION COLLECTION:

1. Make all cheques payable to SickKids Foundation. Credit Card donations can be made online at GetLoudforSickKids.ca
2. Mail or drop off your donations to (Please do not mail cash):
SICKKIDS GETLOUD c/o SickKids Foundation
525 University Avenue, Suite 835, Toronto, ON M5G 2L3
3. Receipts of donations for \$20 or more will be sent within this tax year to the donors identified on this form.
4. To print more copies of this form go to your participant dashboard at GetLoudforSickKids.ca

SUB TOTAL

GRAND TOTAL

Cash (\$)	_____	+	Cheque (\$)	_____
= \$ _____				