Donation Tracking Pledge Form for Tax Receipt Requests

Event: _____ Event date: _____

Contact: _____ Telephone: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Use this form to record donor information and submit with pledge proceeds. CHFM cannot determine eligibility without this information. CHFM will receipt donations $20 or more, please include full mailing details for receipts. **Please print carefully.**

Please make all cheques payable to:
The Children's Hospital Foundation of Manitoba

First Name	Last Name	Address	City	Postal Code	Phone	Email	Pledge Amount Collected	Receipt (Y/N)	Cash or Cheque
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
						Anonymous Donations:	$		
						Total Donations Enclosed:	$		

CHARITABLE #: 11885 2490 RR0001

For further information regarding the eligibility of tax receipts, visit the Canada Revenue agency website: cra-arc.gc.ca.

The Children's Hospital Foundation of Manitoba

THANK YOU FOR YOUR SUPPORT!