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[www.babysbreathcanada.ca](http://www.babysbreathcanada.ca)

## DONATION / PLEDGE FORM

Date \_\_\_\_\_ Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

### I would like to support Baby's Breath with a:

One-time

Monthly

Gift of \$ \_\_\_\_\_

### Method of Payment

VISA  MasterCard \_\_\_\_\_ Expiry \_\_\_\_\_

Signature \_\_\_\_\_

Pre-authorized Chequing (enclose a **void** cheque, debited on the 24th of every month)

Personal Cheque (payable to Baby's Breath)

I work for a matching gift company and have enclosed my company's form

### This donation is In memory In honor of:

Please send an acknowledgement of my donation to: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Please consider my gift to be anonymous (**or**)

For recognition purposes, please recognize this contribution in all print or online references as received from:

\_\_\_\_\_

A receipt will be issued for income tax purposes. Charitable Registration # 118831544-RR0001. Should you have any questions, please contact us at 1-800-363-7437 or visit our website at [www.babysbreathcanada.ca](http://www.babysbreathcanada.ca). Any personal information is used solely for the purposes of furthering our dialogue with you.