



PO Box 5005, St. Catharines, Ontario L2R 7T4
Tel: 905-688-8884
Toll Free: 1-800-363-7437
Fax: 905-688-3300

DONATION / PLEDGE FORM

www.babysbreathcanada.ca

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. Any personal information is used solely for the purposes of furthering our dialogue with you.