

Donation Form

Thank you for your gift to The Million Reasons Run to benefit the health of kids across Canada.

| I would like to support: | Please mail this form along with your donation to: |
|---|--|
| Participant Name | |
| Print your name clearly, as you wish it to appear on your tax receipt. | The Million Reasons Run c/o SickKids Foundation 525 University Avenue, suite 835 Toronto, ON M5G 2L3 |
| First NameLast Name | Or make your donation online at millionreasons.run |
| Company Name (if business donation) | |
| Address | - Each cheque must come with its own donation form. |
| CityProvincePostal Code | - All donations will be credited in Canadian dollars. Please do not send cash donations. |
| Phone NumberEmail | - Tay receipts will be provided for denotions |
| Donation Amount | - Tax receipts will be provided for donations of \$20 or more. |
| O \$35 O \$70 O \$125 O \$250 O Other (please insert amount): \$ | - An individual is not eligible for an individual tax receipt when a donation is the sum of amounts collected from other individuals (for example, proceeds collected from a number of people from an event). In |
| O Receipt opt-out – Please do not issue a tax receipt for this donation O I do not want my donation amount displayed on the participant's page O I do not want my name published on the Million Reasons Run website | such instances, please check off the "Receipt opt-out" box below. |
| Payment Method | All donations are non-refundable and non-transferable. |
| O Please find my cheque enclosed, made payable to SickKids Foundation. Include participants' names on all cheques. | Ask your company if they provide matching gifts for donations. |
| O Please charge my donation by credit card (Visa, MasterCard, AMEX) | Charitable Business Number: |
| Card Number Expiry Date/ | 10808 4419 RR0001 |
| Cardholder Name | |
| Signature | |