



Event Name:	Toronto 5K	Email:	
Participant Name:		Team Name:	
Address:		Phone:	

Donor Name <i>(Please print clearly)</i>	Email	Address, City, Province	Postal Code	Phone #	Donation \$	PAID Cash or cheque	Receipt Requested (\$20+)

Make cheques payable to SickKids Foundation. SickKids Foundation will issue Charitable Donation Receipts. Donations \$20 or over will be receipted upon request.	Total Collected \$
Registered Charitable Organization Number: 10808 4419 RR0001	

Hand in your donations/forms to the event organizer or mail to: SickKids Foundation, 525 University Ave, 14th Floor, Toronto, ON M5G 2L3
Do not mail cash.