



# WIGS FOR KIDS - PLEDGE SHEETS

*Helping Kids Live Better With Cancer*



**DONOR NAME:** \_\_\_\_\_ (Please list all cash, cheque & credit card payments below)

Name:	Address:	Amount	Paid	Card # & Exp.
Phone:	City:	Postal Code:	\$	Y / N <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card
Name:	Address:	Amount	Paid	Card # & Exp.
Phone:	City:	Postal Code:	\$	Y / N <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card
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Phone:	City:	Postal Code:	\$	Y / N <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card
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Phone:	City:	Postal Code:	\$	Y / N <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card
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Phone:	City:	Postal Code:	\$	Y / N <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card
Name:	Address:	Amount	Paid	Card # & Exp.
Phone:	City:	Postal Code:	\$	Y / N <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card

**TOTAL** \$

Cheques should be made payable to:  
**WIGS FOR KIDS**  
12131 Hayashi Court  
Richmond, BC, V7E 5W2

**THANK YOU FOR  
YOUR SUPPORT!**

To receive a tax receipt, please write your complete address. Tax receipts are issued for \$20.00 or more, upon receipt of funds to BC Children's Hospital Foundation.