NEO Kids Foundation / Fondation Enfants NEO

neokidsfoundation.ca

PLEDGE FORM

First Name: _____ Last Name: _____

Address: _____ Apt/Suite:_____

City:_____ Prov:_____ Postal Code: _____

Telephone: _____ E-mail: _____

My goal is $_____

Tax receipts will be issued for $20 or more, unless otherwise requested. The donor's name and address must be clearly printed and complete on the form below.
If the donor's lists their email below they will receive an electronic tax receipt (if applicable). All cheques should be payable to: NEO Kids Foundation.

Charitable Registration # 74238 0322 RR0001

First Name	Last Name	Donor Mailing Address # Street, Rural Route, City, Province	Postal Code	Telephone	Email	Pledge Amount	Cash	Cheque

TOTAL PLEDGES: $_____

NEO Kids Foundation is dedicated to building awareness for children's care needs and raising funds for services, equipment and research to help our youngest and most vulnerable patients. A healthy beginning builds a healthy life. For more information, please contact 705–523-7100 ext. 1234 or neokidsfoundation@hsnsudbury.ca

Thank you for your support!