



Thank you for the difference you are making at SickKids.

Your generous donation will be directed to the

Canadian Pediatric Stroke Support Association ("CPSSA")

Please return this form with your donation.

CONTACT INFORMATION

Name:

Address:

Email:

Phone:

- ☐ Yes I would like to make a one-time gift to the **Canadian Pediatric Stroke Support Association** for \$ _____.
☐ Yes I would like to make an annual gift to the **Canadian Pediatric Stroke Support Association** of \$ ____ over ____ years.

PAYMENT OPTIONS

- ☐ Please find my cheque enclosed (payable to SickKids Foundation, please write in memo line CPSSA)
☐ I will be sending a wire transfer to The Hospital for Sick Children Foundation (CIBC 010, CIBCCATT 04702, #4603710)
☐ Charge my donation to my credit card.
☐ I would like to donate via stock transfer (forms and instructions located [here](#) or at www.sickkidsfoundation.com)

Card Number: _____

Expiry Date: ____ mm ____ yy

Cared Type:

Visa ☐ MasterCard ☐ AMEX ☐

Signature: _____

Name on card: _____ Date: _____

SickKids®
FOUNDATION

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www.sickkidsfoundation.com
Children's Stroke Fund 00000STR00