Children's Miracle Network
Réseau Enfants-Santé

Dance Marathon Pledge Sheet

miracle network dance marathon

Participant Name (Full): _____ **School/Event Name:** _____

Address: _____ **City:** _____ **Prov:** _____ **Postal Code:** _____

Participant Email Address: _____ **Phone Number:** _____

Donor/Sponsor Information

First Name	Last Name	Address	City	Prov	Postal Code	Donation Amount (S)	Receipt (Y/N)*

*Please note that tax receipts will only be issued for gifts $20+. Online donations can be made at http://www.helpmakemiracles.ca/event/bluevale

Total Donation Amount: _____

Contact: Stephanie Blight – Manager, Programs & Events Email: sblight@childrensmiraclenetwork.ca