 Please refer to the donation tracking form procedures. Note any cash donations covered by a single cheque, and reference which cheque is covering those donations. Make cheques payable to: Stollery Children's Hospital Foundation. Tax Receipts issued for \$25 or more or upon request. Please print clearly and complete all fields. 			Participants Name Mailing Address Telephone Email		Ref♯		Ref#	Date #	
First Name	Last Name	Mailing Address/City/Province	Addre	ss ostal Code	Telephone	Cash Amount	Cheque Amount		Cheque #
Totals									