



Fundraising Pledge Form

Information collected must be complete and legible to receive a tax receipt. Tax receipts will be issued automatically for all donations of \$20 and over. All cheques must be made payable to Baby's Breath.

Event name: _____ **Event organizer:** _____ **Phone:** _____

Donor Name	Address	City, Province	Postal Code	Phone Number	Donation Amount

Baby's Breath respects the privacy of our donors; we do not sell, rent or trade our donor lists. We collect, use and disclose personal information only for the purpose of processing donations, keeping our donors informed about our activities, and to ask for their support of our mission. Anyone from whom we collect information can expect that it will be carefully protected, and that any use of this information is subject to consent. We offer our donors and prospective donors numerous privacy options, including the option to limit or opt-out of future contact.

Baby's Breath
PO Box 21053
St. Catharines, ON L2M 7X2

Toll free: 1-800-363-7437
Email: info@babysbreathcanada.ca
Charitable Registration # 118831544-RR0001

Thank you for your support!