



Smiles of Innocence
 memorial charity

Thank you for your decision to help the Children of SickKids Hospital!

Please take a minute to complete this form and fax or mail in to us at:

Smiles of Innocence Memorial Charity
 144 Curtis Crescent
 King City, Ontario
 L7B 1C2

Or Fax to 416 747 5217

Your Name or Company Name: _____

Full Mailing Address: _____

Daytime phone number () _____ - _____

Donation Amount _____ \$20.00
 (please check) _____ \$50.00
 _____ \$100.00
 _____ \$250.00
 _____ \$500.00

Other _____

Select Payment Option:

- Cheque payable to Smiles of Innocence
- Visa
- Mastercard
- American Express

Card Number: _____

Expiry Date: ____/____

Name as it appears on card: _____

Signature: _____