

## MOON IN JUNE 2019



Address:

## Proceeds to benefit W.E. Care for Kids **Children's Health Foundation**

P/Z Code

		Collector's Name:	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Chec k when paid	
Name:	Tel:	☐ Receipt required	5
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	ş
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	s
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Chec k when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Chec k when paid	
Name:	Tel:	☐ Receipt required	S
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code;	☐ Check when paid	

Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zíp Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid	

PLEDGE INCENTIVES

\$75 - Free Entry \$350 - Free Entry + Brooks Hat

\$700 - Free Entry + Brooks Shoes \$1000 - Free Entry + Brooks Shoes + \$100 RF G.C

Tax receipts will be issued on request for pledges of \$20 or more. Cheques made payable to: WE care for Kids or The Children's Health Foundation