

Sunday in the Park with Lilah 2009
 Have a blast while helping solve kids cancer NOW!
 Sunday June 7th, 2009 (Starting at 9:30 am.)



1. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
2. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
3. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
4. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
5. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
6. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
7. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry

8. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
9. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
10. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
11. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
12. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
13. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
14. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry
15. Donor's Name	Address	Telephone	Amount*
	Card Type & # (VISA / MCRD / AMEX)	Name on Card	Expiry

PARTICIPATING FAMILY'S INFORMATION:

Total Raised: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Tel. () _____ E-mail: _____

Cheques should be made payable to Sick Kids Foundation & forwarded to:

Lilah's Fund, 11 Windley Ave, Toronto, ON M6C 1N3

More information about Lilah's Fund can be found at www.lilahsfund.com

* Tax receipts will be issued for donations of \$20 or more

