



CASH DONATION FAX BACK FORM

All donations will be submitted to SickKids by Lindt on your behalf.

Payment Information:

AMEX _____ VISA _____ MC _____ CHEQUE _____

Total amount: \$ _____

Credit Card Number # _____

Expiry Date: _____ / _____

Name on the Credit Card: _____

Signature: _____

Please make cheque payable to:
SickKids Foundation (for donations)

Mail or Fax to:

Lindt and Sprüngli (Canada), Inc.
c/o Lindt Chocolate Masters
900-181 University Ave Toronto, ON M5H 3M7