



# Sparrow Lake Alliance

## Donation & Membership Renewal Form 2009-2010

**NAME** .....

**TITLE/POSITION** .....

**ORGANIZATION** .....

**ADDRESS** .....

**CITY, PROVINCE** .....

**POSTAL CODE** .....

**PHONE** .....

**FAX** .....

**EMAIL** .....

**Please make cheques  
payable to:**

**Sparrow Lake Alliance**

c/o CHSRG  
The Hospital for Sick Children  
555 University Avenue  
Toronto, ON M5G 1X8

Phone: (416) 813-8922  
Fax: (416) 813-6011  
contact@sparrowlake.org

### **Membership Fees**

\_\_\_\_\_ **REGULAR - \$45.00**

*(INCLUDES Renewed Membership for April 1, 2009 - March 31, 2010)*

\_\_\_\_\_ **STUDENT or RETIREE - \$20.00**

*(With proof of registration in a recognized educational program)*

### **Donations**

- In addition to my fees, I am enclosing a **personal** donation of \$\_\_\_\_\_.  
(If over \$25.00, a tax-deductible receipt will be issued)
- In addition to my fees my **institution** would like to be a Sponsor of the Sparrow Lake Alliance. I am enclosing a cheque of \$\_\_\_\_\_ (min. \$100.00)