



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)