



PLEASE PRINT CLEARLY

**Personal Information:**

Sponsor/Company Name: \_\_\_\_\_

Sponsorship Type (A, B, C, D): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Tax Receipt Required?      Y      N

Donations of \$20 or more are eligible for a tax receipt.  
IN ORDER TO RECEIVE A TAX RECEIPT YOU MUST PROVIDE INFORMATION  
INCLUDING NAME, ADDRESS, CITY AND ZIP CODE.

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**Where to Send Your Donation:**

Please make cheques payable to the "WCHL" and send along with this form to:

Brenda Drapinski  
WCHL Treasurer  
20917 E. Trebesh  
Pinckney, MI 48169