



## The Youthdale Child and Adolescent Sleep Centre 227 Victoria Street, Lower Level 2 Toronto, Ontario M5B 1T8

## Yes, I would like to support the Youthdale Child and Adolescent Sleep Centre by making a donation of:

□\$50	□\$100 Member	□\$250 Friend	☐\$500 Supporter	□\$1,000 Patron
	☐\$1,500 or more Benefactor		I prefer to give \$	
☐ Please k	eep my name anonymo	us		
Payment by: ☐ Visa		☐ Mastercard	☐ Cheque (please make your cheque payable to the Youthdale Foundation/Sleep Program)	
Credit Card No:			Expiry Date:	
Signature:			Date:	
A receipt for t	ax purposes will be issued for de	onations of \$25.00 or more	Charitable Registration No. 368319	2
Name:	ne: Telephone:			
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