

**Youthdale**  
Child and  
Adolescent  
**Sleep Centre**

TEL: 416 703 0505  
FAX: 416 703 0507  
www.sleepontario.com



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

\$50     \$75 Member     \$100 Friend     \$500 Supporter     \$2000 Patron     \$5000 or more Benefactor

I prefer to give \$ \_\_\_\_\_

Please keep my name anonymous

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 tax purposes will be issued for donations of \$25.00 or more. Charitable Registration No. 3683192*

Name: \_\_\_\_\_    Telephone: \_\_\_\_\_    email: \_\_\_\_\_

Address: \_\_\_\_\_    Postal Code: \_\_\_\_\_