

JANEWAY FOUNDATION FUNDRAISING PROJECT DETAIL FORM

Your donations enable the Janeway to reach new heights in child health care and more importantly, better medical outcomes for the children who come through our doors. Your gifts allow us to stay current, and help to introduce new initiatives, all to enhance and keep pace with the advancements in pediatric care. None of this would be possible without the support of our community. Thank you.

Please print and complete this form and include it with the funds you've raised.

NAME OF ORGANIZATION/PROJECT: _____

MAILING ADDRESS: _____ STREET ADDRESS (IF DIFFERENT): _____

CONTACT NAME: _____ PHONE #: _____

EMAIL: _____ Please check if you do not wish to receive email from the Foundation.

TOTAL AMOUNT INCLUDED WITH FORM: \$ _____

Please describe how you raised funds for the Janeway. _____

Do these funds include a personal donation from you? If so, please include your full name, mailing address, phone number, and the dollar amount.

IMPORTANT NOTES

- Donations raised through ticket sales, bake sales, concerts, etc. cannot be issued a tax receipt.
- Tax receipts can be issued for personal donations and corporate donations for gifts of \$15 or more.
- In order to receive a tax receipt, provide a list that includes the donors' full names, full mailing addresses, phone numbers, and the dollar amount of each donation.
- Donors' lists have to be received by the Janeway Foundation by December 1, 2019.

Please indicate if a donor list is included with this form: YES or if it will follow later:

SIGNATURE: _____ DATE: _____



Mailing Address:

THE JANEWAY CHILDREN'S HOSPITAL FOUNDATION

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