

Workplace enrollment form

Name of Company/organization: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Campaign contact/coordinator: _____

Telephone: _____

Email: _____

of Staff involved: _____

Start date of Spring Campaign Launch: _____

End date of campaign: _____

Goal: _____

Tax deductible donation receipts will be issued for individual contributions.

All companies providing a minimum sponsorship of \$1,500 will receive a certificate to acknowledge their participation in our campaign (suitable for framing).

Thank you for your commitment to strong families and healthy children.

Please return completed forms to:

Victoria Houston

Child Development Institute, 197 Euclid Ave., Toronto, Ontario

Vhouston@childdevelop.ca Fax: 416-654-8996