Pledge Form

Name of Event _____

Contact Name: _____ Home Phone: _____

Work Phone: _____ Fax: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

E-mail: _____

Please PRINT all information: Receipts can only be issued to those whose information is legible.

Full Name	Street Address & City	Postal Code	Pledges	Collected Please specify cash, cheque, Visa or MC	Receipt

This is pledge sheet #_____ of _____

Total Pledges $ _____ Total Collected $ _____

A receipt for income tax purposes will be issued for donations $20.00 or more unless otherwise requested.

Charitable Registration # 820218147RR0001