

## PARTICIPANT PLEDGE FORM

Host name: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Event name: \_\_\_\_\_

CRA requires a complete mailing address to receive a tax receipt. Only donations of \$20 and above will be receipted.

DONOR INFORMATION Please print clearly			AMOUNT
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
<b>TOTAL:</b>			

## PARTICIPANT PLEDGE FORM

Host name: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Event name: \_\_\_\_\_

CRA requires a complete mailing address to receive a tax receipt. Only donations of \$20 and above will be receipted.

DONOR INFORMATION Please print clearly			AMOUNT
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
<b>TOTAL:</b>			

## PARTICIPANT PLEDGE FORM

Host name: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Event name: \_\_\_\_\_

CRA requires a complete mailing address to receive a tax receipt. Only donations of \$20 and above will be receipted.

DONOR INFORMATION Please print clearly			AMOUNT
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: _____	Telephone: _____	Email Address: _____	\$ _____
Address: _____	City: _____	Postal Code: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
<b>TOTAL:</b>			