

## 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 Pleas	se print clearly		AMOUNT
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	
			☐ Cash ☐ Cheque
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	□ Cook □ Choose
			☐ Cash ☐ Cheque
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	☐ Cash ☐ Cheque
			☐ Casii ☐ Cheque
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	☐ Cash ☐ Cheque
Name:	Telephone:	Email Address:	<b>*</b>
		2	\$
Address:	City:	Postal Code:	☐ Cash ☐ Cheque
		TOTAL	
		TOTAL	<u> </u>

cfccanada.ca Charitable #83391 4484 RR0001 Community Food Centres Canada is committed to protecting the privacy of personal information of it's constituents in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA). We use the information collected to facilitate donation collection and processing, to provide tax receipts, to process online registrations and to communicate relevant news and updates. Community Food Centres Canada does not trade, license, rent or sell your personal information.



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Address:	City:	Postal Code:	□ Cook □ Choose
			☐ Cash ☐ Cheque
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	☐ Cash ☐ Cheque
			☐ Casii ☐ Cheque
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	☐ Cash ☐ Cheque
Name:	Telephone:	Email Address:	<b>*</b>
		2	\$
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			☐ Cash ☐ Cheque
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	☐ Cash ☐ Cheque
			☐ Casii ☐ Cheque
Name:	Telephone:	Email Address:	
			\$
Address:	City:	Postal Code:	☐ Cash ☐ Cheque
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