

Cycle for Sight Pledge Form

Cyclist Name: _____ Telephone: (_____) _____
First Name Last Name

Address: _____
Street No., Street Name, City, Province, Postal Code

Email Address: _____

Team _____

PLEDGE SHEET

- Bring this pledge sheet everywhere you go so you can personally ask for donations: Cheques payable to Cycle for Sight
- Record the donor's information; Donations \$20+ will receive a tax receipt in the mail after the event
- Bring this pledge sheet along with all donations collected to the registration table at the event or mail it to The Foundation Fighting Blindness, 890 Yonge Street, 12th Fl, Toronto ON M4W 3P4.

PLEASE PRINT CLEARLY.

DO NOT RECORD ONLINE DONATIONS HERE

Donor Name	Address	City, Province	Postal Code	Telephone	Email	Cash/ Cheque	Donation Amount
<i>John Sample</i>	<i>123 Sample Street, Apt. 100</i>	<i>Ottawa, ON</i>	<i>R0G 2V0</i>	<i>204-123-4567</i>	<i>johns@hotmail.com</i>	<i>cash</i>	<i>\$20.00</i>
1							
2							
3							
4							
5							
						TOTAL:	