

## Sight Savers Pledge Form

Sight Saver Fundraiser Name: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street No., Street Name City, Province Postal Code

Email Address: \_\_\_\_\_ Event Name (if applicable) \_\_\_\_\_

### PLEDGE SHEET

- Bring this pledge sheet everywhere you go so you can personally ask for donations: Cheques payable to: **Fighting Blindness Canada**
- Record the donor's information; Donations \$20+ will receive a tax receipt in the mail once form is received
- Mail this pledge sheet along with all donations collected to:
  - Fighting Blindness Canada, 890 Yonge Street, 12<sup>th</sup> Floor, Toronto ON M4W 3P4 ATTN: Sight Savers Community Fundraising

PLEASE PRINT CLEARLY

DO NOT RECORD ONLINE DONATIONS HERE

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