

EVENT DATE: GENDER: M F	EVENT NAME:							
ADDRESS:	EVENT LOCATI	:						
POSTAL CODE: TEL: (HOME) (BUSINESS): E-MAIL: MY FUNDRAISING GOAL: PLEASE ENSURE INFORMATION IS CLEAR AND COMPLETE IN ORDER TO GUARANTEE A TAX RECEIPT Tax receipts will be issued for pledges of \$20 or more. Please include full address for tax receipting purposes. SPONSOR'S NAME (FIRST AND LAST) ADDRESS CITY POSTAL CODE PHONE NO. PLEDGE SUBMITTED FIRST AND LAST) MARY SMITH 123 ANYWHERE STREET MY TOWN B1B 2A2 (111)123-4567 \$20.00 \$2	NAME:			GENDER: M	F			
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