



Presented By



Saturday, February 23
8:00 a.m. - 1:00 p.m.

Pledge Form

Participant's Information:

Name: _____

Pledge Information:

Please print clearly. Tax receipts will be issued for gifts of \$20 or more when information is complete and legible. Charitable Number 11930 7064 RR0001

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Donation Amount: _____ Cash Cheque (Payable to YMCA of Niagara)

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Donation Amount: _____ Cash Cheque (Payable to YMCA of Niagara)

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Donation Amount: _____ Cash Cheque (Payable to YMCA of Niagara)

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Donation Amount: _____ Cash Cheque (Payable to YMCA of Niagara)

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Donation Amount: _____ Cash Cheque (Payable to YMCA of Niagara)

Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Donation Amount: _____ Cash Cheque (Payable to YMCA of Niagara)

Total Donation Amount: _____

