

PLEDGE FORM



PARTICIPANT INFORMATION - All fields below are required in order to process your pledge form

	First Name	Last Name	Last Name Company Affiliation (if appl		
	Residential Address		City, Province, Postal		
Phone Number		Captains Name/Team Name		eam Name	
		Email address			
Record y		ges below. In order to receive a tax ation is required (Cheques payable t			
Receipt	Full Name	Street Address	Email Address	Pledge	
Min. \$20		City, Province, Postal Code		Amount	
Γotal On	line:	_ । Гotal Cash + Cheque:	Grand Total:	Initials:	