

Pledge Form

Contact Name:	Home Phone:Fax:				
Vork Phone:					
Mailing Address:					
	Prov: Postal Code:				
-mail <u>:</u>					
Please PRIN	T all information: Receipts can onl	y be issued to those	whose infor	mation is legible.	
Full Name	Street Address & City	Postal Code	Pledges	Collected Please specify cash, cheque, Visa or MC	Receip

This is pledge sheet #_____ of ____

Total Pledges \$ _____ Total Collected \$ ____

A receipt for income tax purposes will be issued for donations \$20.00 or more.

Charitable Registration # 820218147RR0001