UHKF PLEDGE FORM

Event Name	
Contact Name	
Email Address	Phone
Mailing Address	

City		_ Province	Postal Code		
FULL NAME	MAILING ADDRESS/CITY	POSTAL CODE	PLEDGED	COLLECTED	RECEIPTED
			<u>\$</u>	Cash Cheque VISA MC	
				Cash	

This is pledge sheet of TOTAL A receipt for income tax purposes will be issued for donations of \$20.00 or more.	<u>\$</u>	<u>\$</u>	
	<u>\$</u>	 Cash Cheque VISA MC 	
	<u>\$</u>	 Cash Cheque VISA MC 	
	<u>\$</u>	 Cash Cheque VISA MC 	
	\$	 Cash Cheque VISA MC 	
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	<u>\$</u>	 Cash Cheque VISA MC 	
	\$	 Cash Cheque VISA MC 	
	\$	 Cash Cheque VISA MC 	



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