

# SPORTING LIFE 10K PLEDGE FORM

## FUNDRAISER INFORMATION

Participant Name: \_\_\_\_\_ Team Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

MY FUNDRAISING GOAL IS:

## DONOR INFORMATION (Please Print Clearly)

Charitable Business: 13111 6022 RR 0001

Amt Received

Receipt

1	Name:			Method of Donation:				
	Address:			Cash      Cheque      CC				
	City:      Province:      Postal Code:			Credit Card Number:				
	Email:      Phone Number:			Expiry Date:				
				Signature:				
2	Name:			Method of Donation:				
	Address:			Cash      Cheque      CC				
	City:      Province:      Postal Code:			Credit Card Number:				
	Email:      Phone Number:			Expiry Date:				
				Signature:				
3	Name:			Method of Donation:				
	Address:			Cash      Cheque      CC				
	City:      Province:      Postal Code:			Credit Card Number:				
	Email:      Phone Number:			Expiry Date:				
				Signature:				
4	Name:			Method of Donation:				
	Address:			Cash      Cheque      CC				
	City:      Province:      Postal Code:			Credit Card Number:				
	Email:      Phone Number:			Expiry Date:				
				Signature:				