



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:	

TOTAL \$ _____



- Please note receipts are issued for donations over \$25
- Cheques can be made payable to Camp Oochigeas
- Pledge forms can be mailed or dropped off to: Camp Oochigeas - 464 Bathurst Street, Toronto, ON M5T 2S6

Thank you for sending kids affected by childhood cancer to Camp Ooch.