



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 to: Camp Oochigeas - 464 Bathurst Street, Toronto, ON M5T 2S6

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