

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

TOTAL \$ _____



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

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