

SPORTING LIFE IOK 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 \$ _____