



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:			



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

TOTAL \$ _____

Thank you for making life-changing experiences possible!