

# Pledge Form

**Sunday, June 2nd , 2024**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Please print clearly. For donations \$20.00 & over tax receipts will be issued

	Sponsor's Name	Address/City	Postal Code	Phone#	\$ Pledged	Payment Method	Received	Receipt Required
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Total Cash
Total Cheques
Total Credit Cards
Total Collected \$:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_