

Company Name: _____ Contact Name: _____

Address: _____ Phone#: _____

Pledge Form

Sunday, June 2nd, 2024

City:				Fax#:	- Fax#:				
Postal Code:									
	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				
Signature:			Date	Date:		Total Collected \$:			

Please make cheques payable to: The Hellenic Home for the Aged Inc. Visit our website at www.hellenichome.org

Please note that tax receipts will be issued according to the guidelines as set by Canada Customs and Revenue Agency. Charitable Business Number 10747 6053 RROOO1