

Pledge Form

Sunday, June 8th , 2025

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				
	Signature:		Date:	:	Total Coll	ected \$:		

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