

# 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			
					Total Collected \$:			

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