



Pledge Form ATV Riders Contact Information

Name: _____ Email: _____
 Street: _____ City: _____ Prov: _____
 Postal Code: _____ Phone #: _____

ATV Ride Pledge Form

<p>All cheques for pledges are to be made payable to Prostate Cancer Canada Receipts will be issued for donations of \$20 or more. Donor's name and address must be complete and legible to receive a tax receipt NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency. Charitable Foundation Number: 84934 9568 RR0001</p>			
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address	Pledge Amount \$		
Visa#	Mastercard #		Exp. Date
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address	Pledge Amount \$		
Visa #	Mastercard #		Exp. Date
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Street Address	City	Prov.	Postal Code
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