



Pledge Form Riders Contact Information

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

<p>*** Please note all riders must collect a minimum of \$200.00 in donations ***</p> <p>All cheques for pledges are to be made payable to Wellspring Chinguacousy</p> <p>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</p> <p>NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency.</p> <p>Charitable Foundation Number: BN 84934 9568 RR0001</p>			
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address	Pledge Amount \$		
Visa#	Exp. Date		
Mastercard #			
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address	Pledge Amount \$		
Visa #	Exp. Date		
Mastercard #			
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address	Pledge Amount \$		
Visa #	Exp. Date		
Mastercard #			
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address	Pledge Amount \$		
Visa #	Exp. Date		
Mastercard #			