Pledge Form

Name: _____ Email: _____

Street: _____ City: _____ Prov:_____

Postal Code: _____ Phone #: _____

Please circle one: **Sled Ride** **ATV Ride**

*** Please note all riders must collect a minimum of **$150.00** in donations ***

All cheques for pledges are to be made payable to **Wellspring Chinguacousy Foundation**

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

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	
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	