

PLEDGE FORM

NAME: _____

TEAM: _____

PLEASE NOTE:

- Make all cheques payable to Niagara Health Foundation
- Bring all pledge/monies with you on event day
- Receipts for income tax purposes will be provided for **donations of \$20 or more ONLY if address is provided**
- Please pick up pledge receipts on event day

A minimum of \$500 in pledges is required to receive your jersey

Name	Address, City, Postal Code	Phone	Amt Pledged	Paid
Donor's Email: _____				
Donor's Email: _____				
Donor's Email: _____				
Donor's Email: _____				
Donor's Email: _____				
Donor's Email: _____				
Donor's Email: _____				
Donor's Email: _____				
Charitable Registration #89940 2697 RR0001				TOTAL \$