

PLEDGE FORM

Premier Nutrition
Confederation Park 5k & 2k



NAME:

ADDRESS:

PHONE:

EMAIL:

PLEASE PRINT CLEARLY

	Sponsor Name	Address	City	Prov.	Postal Code	Daytime #	Payment	Form of Payment
	John Sample	123 Anywhere St. Suite 162	Toronto	ON	M5T 3H8	416-555-1234	\$125	Cheque
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

- Tax receipts will be automatically be issued for donations of \$15 or more, **but only if donor's name and address is clearly printed and complete.**
- Grand Total on Pledge Form **MUST** equal total of submitted donations.
- Please keep a copy for your own records.
- Please bring donations with you to the event for collection OR
- Mail to The Arthritis Society in advance (address below) but **DO NOT** mail cash (mail cheques, money orders, or credit card information only)

ADDRESS:

The Arthritis Society, 393 University Ave, Suite 1700, Toronto, M5G 1E6, Attn: Sarah Olmstead

Charitable Registration Number 108071671RR0004

PLEASE COMPLETE	Total Credit Cards	\$
	Total Cheques	\$
	Total Cash	\$
	Grand Total	\$
	# of forms in package	
Date Mailed		

For Office Use Only;

ON10JIMCARE
(4700-100-148-775)

ID#: _____
Batch # _____