

Washabuck
Community
Centre
PRESENTS

Autism Fun Run/Walk

PLEDGE FORM

Saturday August 5th, 2017

NAME _____

CITY/TOWN _____ POSTAL CODE _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ TEAM NAME (IF APPLICABLE) _____

1	FIRST NAME	LAST NAME			PLEDGE AMOUNT
	ADDRESS	CITY	PROV	POSTAL CODE	\$
	EMAIL				COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

2	FIRST NAME	LAST NAME			PLEDGE AMOUNT
	ADDRESS	CITY	PROV	POSTAL CODE	\$
	EMAIL				COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

3	FIRST NAME	LAST NAME			PLEDGE AMOUNT
	ADDRESS	CITY	PROV	POSTAL CODE	\$
	EMAIL				COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

4	FIRST NAME	LAST NAME			PLEDGE AMOUNT
	ADDRESS	CITY	PROV	POSTAL CODE	\$
	EMAIL				COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

5	FIRST NAME	LAST NAME			PLEDGE AMOUNT
	ADDRESS	CITY	PROV	POSTAL CODE	\$
	EMAIL				COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL \$

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