PLEDGE FORM

Participant Name: _____ Team Name: _____
Address: _____ City/Province: _____
Postal Code: _____ E-mail: _____
Phone #: _____

Donor Name	Donor Mailing Address (#, Street, Rural Route, City, Province)	Postal Code	Telephone/E-mail	Amount	CHQ/Cash	Received
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- Please photocopy this form if you need extras
- Make cheques payable to Coverdale Centre for Women
- Receipts will be issued for all donations of $20 or more, unless requested
- Please bring your pledge forms and donations when picking up race packet

Total number of donations: _____
Total dollar amount of donations: _____