

PLEDGE FORM SATURDAY JUNE 15 BRIDGEWATER

NAME				
CITY/TOWN			POSTAL CODE	
HOME PHONE			WORK PHONE	
EMAIL		TEAM NAME (IF APPLICABLE)		
				Dispos anguna
1	FIRST NAME	LAST NAME		PLEDGE AMOUNT
	ADDRESS	CITY	PROV POSTAL CODE	\$ COLLECTED YES NO
	EMAIL		INCLUDE NAME ON EVENT WEBSITE?* YES NO	TAX RECEIPT 🔲 YES 🔲 NO
2	FIRST NAME	LAST NAME		PLEDGE AMOUNT
	ADDRESS	CITY	PROV POSTAL CODE	COLLECTED YES NO
	EMAIL		INCLUDE NAME ON EVENT WEBSITE?* TYES NO	TAX RECEIPT YES NO
3	FIRST NAME	LAST NAME		PLEDGE AMOUNT
	ADDRESS	CITY	PROV POSTAL CODE	\$ COLLECTED YES NO
	EMAIL		INCLUDE NAME ON EVENT WEBSITE?* YES NO	TAX RECEIPT YES NO
4	FIRST NAME	LAST NAME		PLEDGE AMOUNT
	ADDRESS	CITY	PROV POSTAL CODE	\$ COLLECTED YES NO
	EMAIL		INCLUDE NAME ON EVENT WEBSITE?* YES NO	TAX RECEIPT 🔲 YES 🔲 NO
5	FIRST NAME	LAST NAME		PLEDGE AMOUNT
	ADDRESS	CITY	PROV POSTAL CODE	\$
	EMAIL		INCLUDE NAME ON EVENT WEBSITE?* YES NO	COLLECTED YES NO
	obtain complete names, addresses and postal codes a		sued for donations of \$20 or more.	

Make cheques payable to the *Autism Centre Society of the South Shore*.

TOTAL \$

^{*}If selected yes, the name will appear as a donor/sponsor on the local walk website.