EVENT NAME:							
EVENT LOCATI	ON:		EVENT DATE:				
NAME:		(	_GENDER: M F				
ADDRESS:			CITY:		PROVINCE:		
POSTAL CODE: TEL: (HOME)			(BUSINESS):		E-MAIL:		
Y FUNDRAISII	NG GOAL:						
	NSURE INFORMATION IS CLE ts will be issued for pledges of						
SPONSOR'S NAME (FIRST AND LAST)	ADDRESS	CITY	POSTAL CODE	PHONE NO.	PLEDGE	SUBMITTED	RECI ISSU
MARY SMITH	123 ANYWHERE STREET	MY TOWN	B1B 2A2	(111)123-4567	\$20.00	\$20.00	•
				TOTAL CO	DLLECTED	\$	
				IVIALO		4	
	UES PAYABLE TO	HE T	TOTAL ONLINE TOTAL COLLECTED (cash and cheques enclosed)			TOTAL RECEIVED	
e return your pledg	ges to your local office.			_			