



**Heart&Stroke™**

**Event name:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Event location:** \_\_\_\_\_ **Event date:** \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone no. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_ E-mail: \_\_\_\_\_

**My fundraising goal:** \_\_\_\_\_

**PLEASE ENSURE INFORMATION IS CLEAR AND COMPLETE IN ORDER TO GUARANTEE A TAX RECEIPT**

Tax receipts will be issued for pledges of \$20 or more. Please include full address for tax receipting purposes.

SPONSOR'S NAME (FIRST AND LAST)	ADDRESS	CITY	POSTAL CODE	PHONE NO.	PLEDGE	SUBMITTED	RECEIPT ISSUED
Mary Smith	123 Anywhere Street	My town	B1B 2A2	(111)123-4567	\$20.00	\$20.00	✓

OFFICE USE ONLY

**TOTAL COLLECTED** \$ \_\_\_\_\_

**Make all cheques payable to  
the Heart and Stroke Foundation.**

Please return your pledges to your local office.



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