

FAITH, FITNESS & FUN
PLEDGE FORM

Collector Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ E-mail _____

		Receipt Y/N	Paid Y/N	Donation Amount
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				
Name:	Ph:			
Address:				

Charitable tax receipts issued for donations of \$20 or more.
 Charitable Registration Number: 89348 1465 RR0001

Total
 collected:

Please hand in pledge form and donations when you pick up your package, or forward to 8421 - 101 Avenue NW Edmonton, AB T6A 0L1

THANK YOU!