

PLEDGE FORM

Collector Name _____

Address _____

City _____ Province _____ PC _____

Phone _____ Email _____

		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:				
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!

FAITH FITNESS FUN RUN WALK