

PARTICIPANT NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

PLEDGING FOR: Kristen French Child Advocacy Centre

SUNDAY, SEPTEMBER 9, 2018

**AMAZING RACE NIAGARA**



**PLEASE NOTE:**

- Make all cheques payable to Kristen French Child Advocacy Centre Niagara
- Bring all pledge forms and pledge money with you on event day
- Tax receipts will be issued for donations of **\$20 or more** if **ALL information is provided below. PLEASE PRINT CLEARLY AND COMPLETE ALL COLUMNS FOR TAX RECEIPT PURPOSES.**

*A minimum pledge commitment of \$400 per team is required to participate in this event.*

Sponsor's Name (First & Last)	Address	City	Postal Code	Phone	Amount Pledged	Collected
(EXAMPLE) JANE SMITH	124 CHERRY LANE	OAKVILLE	L3V 5C5	555-555-5555	10.00	√

Charitable Registration # 86519 6406 RR00001

**TOTAL \$**