

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraiser Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Fundraiser E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraiser Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Donor Full Name** | **Donor Address & Postal Code** | **Phone Number** | **Donation Amount** | **Donation Type (Cash, cheque, credit card)** | **Credit Card #, CVV, exp. date (if applicable)** | **Cash/Cheque Payment Collected? (if applicable)** |
|  |  |  |  |  |  CVV: \_\_\_\_\_  exp. \_ \_/\_ \_  |  |
|  |  |  |  |  |  CVV: \_\_\_\_\_  exp. \_ \_/\_ \_  |  |
|  |  |  |  |  |  CVV: \_\_\_\_\_  exp. \_ \_/\_ \_  |  |
|  |  |  |  |  |  CVV: \_\_\_\_\_  exp. \_ \_/\_ \_  |  |
|  |  |  |  |  |  CVV: \_\_\_\_\_  exp. \_ \_/\_ \_  |  |
|  |  |  |  |  |  CVV: \_\_\_\_\_  exp. \_ \_/\_ \_  |  |
| Cheques payable to: RMHC South Central Ontario. Please note “Footsteps for Families” on memo line. Questions? Please contact RMHCSCO at 905-521-9983. | **Total Amount Submitted** | **$** |

 Charitable Registration #13277 9836 RR0001

**Please print this pledge sheet as required should you need additional pages.**

This is pledge form is # \_\_\_\_\_\_\_ out of \_\_\_\_\_\_ total pages