



2020 PLEDGE FORM

Team Name: _____

Participant Name: _____

Participant E-mail: _____

Participant Phone Number: _____

Donations of \$20 or more are eligible for charitable tax receipts. All tax receipts require a full name and complete mailing address. Please ensure printing is clear.

Donor Name	Donor Address & Postal Code	Phone Number	Payment Type (circle)	Credit Card #, exp. date, CVV (only if applicable)	Donation Amount	Payment Collected?	
			Cash, cheque, credit card	CVV: _____ exp. __/__/__			
			Cash, cheque, credit card	CVV: _____ exp. __/__/__			
			Cash, cheque, credit card	CVV: _____ exp. __/__/__			
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			Cash, cheque, credit card	CVV: _____ exp. __/__/__			
			Cash, cheque, credit card	CVV: _____ exp. __/__/__			
			Cash, cheque, credit card	CVV: _____ exp. __/__/__			
					Total Amount Submitted	\$	

Cheques payable to: RMHC South Central Ontario. Note "Footsteps for Families" on memo line.

Questions? Please contact RMHCSCO at 905-521-9983 ext. 2108

Donations for the event can also be made online <https://footstepsforfamilies.raceroster.com>

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

This is pledge form # _____ out of _____ total pages



Charitable Registration #13277 9836 RR0001