



Donation pledge form

Please use this form to record donor information and submit with proceeds raised.



Event Name: _____ Event Date: _____

Contact Name: _____ Telephone No.: _____

First & last name (please print)	Mailing address	City	Postal code	Telephone/email	Donation (\$)	Cash	Cheque
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>
				T: _____		<input type="checkbox"/>	<input type="checkbox"/>
				E: _____		<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your generosity!

- Cheques payable to Children's Rehabilitation Foundation.
- Tax receipts issued for donations of \$15 or more.
- This form can be photo copied and shared.

Total cash donations:

Total cheque donations:

Grand total:
