



**PLEDGE FORM:**

**Last Name**

**First Name**

**Phone:**

**Address:**

**City:**

**Prov.**

**Postal Code:**

Sponsor Name	Mailing Address	Email	Payment Type	Tax Receipt Check	Credit Card Type	Credit Card # (all 16 digits)	Expiry	Amount
John Smith	123 Main St, Toronto, ON M4Y 1H4, Canada	john@work.com	<input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input checked="" type="checkbox"/>	VISA	1234 1234 1234 1234	07 / 10	\$50
			Credit Card Cash Cheque					
			Credit Card Cash Cheque					
			Credit Card Cash Cheque					
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