

Pink Ring 2011 Pledge Form

Participant Information

Name _____

Address _____

City _____ Postal Code _____

Home Phone _____ Work Phone _____

Email Address _____

PLEASE PRINT CLEARLY
PHOTOCOPY ADDITIONAL SHEETS AS
REQUIRED



Completed pledge form(s) and
funds **MUST** be taken to:

Triwood Community Hall
Saturday April 2, 2011
7:00 pm - 9:00 pm

Pledge cheques payable to:

Calgary Health Trust - Pink Ring



Please complete all information and print clearly.

TO RECEIVE A TAX RECEIPT AN ADDRESS MUST BE PROVIDED. CONTRIBUTIONS OF \$20.00 OR MORE WILL BE RECEIPTED AUTOMATICALLY. DONATIONS BETWEEN \$10.00 - \$20.00 MUST BE REQUESTED.

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PLEDGE	DONATION TYPE	DONATION \$10-\$20
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt
						\$	<input type="checkbox"/> cheque <input type="checkbox"/> cash	<input type="checkbox"/> mail receipt

PAGE: _____
OF: _____



TOTAL CASH	\$ _____.
TOTAL CHEQUE	\$ _____.
GRAND TOTAL	\$ _____.