

OFFICIAL PLEDGE FORM

First name: _____ Last name: _____

Address: _____ City: _____ Postal code: _____

Phone #: _____ Email: _____

I am participating as an individual I am participating as a part of a Team Team Name: _____

| | Sponsor's Name | Mailing Address (street, city, prov., postal code) | Phone | Amount Pledged | Cash ✓ | Chq. ✓ |
|--|----------------|---|-------|-------------------|-----------|-----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| Tax receipts will be provided for donations of \$20 when accompanied by complete mailing information. Please make all cheques payable to Extend-A-Family Waterloo Region. | | | | TOTAL: | | |

**Please bring completed pledge form(s), cash and cheques to the EAFWR Office, 91 Moore Avenue, Kitchener.
We kindly ask that pledges are dropped off by Sept 22, 2023.**