



“Walk on” for CARD ~ PLEDGE FORM

Sunday May 24, 2015

Charitable #11887 0138 RR0001

Donor (First Name / Last Name):			
Address:	Apt/Suite/Unit:		
City:	Province:	Postal Code:	
Telephone:	Cell:		
Horse:			
Walk Time:			
Participant Email:			

(Tax receipt issued for donations of \$20.00 and over)

Pledge Amount \$

1 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
2 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
3 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
4 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
5 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
6 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
7 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
8 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
9 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No
10 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:	Credit Card Number:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone:	Tax Receipt Yes No

FOR OFFICE USE ONLY	
CASH	\$ _____
CHEQUE	\$ _____
M/C	\$ _____
VISA	\$ _____
TOTAL	\$ _____

Thank you for supporting

The Community Association for

Riding for the Disabled!

PLEASE MAKE CHEQUES PAYABLE TO: <u>CARD</u>
Page ___ of ___
Page Total \$ _____