



MINI ROYAL PLEDGE SHEET SUNDAY JUNE 10, 2018

Donor (First Name / Last Name):

Horse:

****Tax receipts will be issued for all donations of \$25 or more ONLY if the name and address are clearly printed and complete**.**

Pledge sheets must accompany pledges!

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:	
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:	
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:	
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:	
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:	
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:	
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:	



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8 <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card Number:	Exp. Date:	
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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:		
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:		
11 <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:		
12 <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:		
13 <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:		
14 <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:		
15 <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:		

THANK YOU FOR SUPPORTING THE COMMUNITY ASSOCIATION FOR RIDERS WITH DISABILITIES!

PLEASE MAKE CHEQUES PAYABLE TO: CARD