

# Mini Royal

**HOOVES • HEARTS • HANDS**

**May 30 - June 18, 2022**



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\*\*. Please submit by June 25<sup>th</sup>. Cheques are to be made payable to CARD.**

**Pledge sheets must accompany pledges!**

Pledge Amount \$

<b>1</b> <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	CVV/CVC #:	Email:	
<b>2</b> <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	CVV/CVC #:	Email:	
<b>3</b> <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	CVV/CVC #:	Email:	
<b>4</b> <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	CVV/CVC #:	Email:	
<b>5</b> <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	CVV/CVC #:	Email:	
<b>6</b> <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	CVV/CVC #:	Email:	

**Thank you for supporting the Community Association for Riders with Disabilities.  
Top pledge earners will go into a draw for a special prize!**

<b>7</b> <input type="checkbox"/> CA <input type="checkbox"/> CQ <input type="checkbox"/> CC	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	CVV/CVC #:	
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	Donor (First Name / Last Name):	City:		Credit Card #:	Exp. Date:
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