The Mini Royal For Hope

Saturday June 15, 2024

In support of HOOVES • HEARTS • HANDS

Tax receipts will be issued for all donations of $25 or more ONLY if the name and address are clearly printed and complete. Please return the completed pledge forms by June 10.**

Pledge sheets must accompany pledges! Cheques made payable to CARD

					Pledge Amount $
1 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
2 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
3 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
4 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
5 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
6 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
7 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	

THANK YOU FOR SUPPORTING THE COMMUNITY ASSOCIATION FOR RIDERS WITH DISABILITIES

My Name:

Email:

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	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
9 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
10 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
11 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
12 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
13 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
14 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	
15 ☐ CA ☐ CQ ☐ CC	Donor (First Name / Last Name):	City:		Credit Card Number: CVV/CVC Number: Exp. Date:	
	Home Street / Apt. / Unit #:	Prov:	Postal Code:	Telephone: EMAIL Address:	

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My Name:

Email: