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:

					Pledge Amount $
8 ☐ 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:**	
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:**	

THANK YOU FOR SUPPORTING THE COMMUNITY ASSOCIATION FOR RIDERS WITH DISABILITIES

My Name:

Email: