

OFFICIAL PLEDGE FORM

First name: _____ Last name: _____

Address: _____ City: _____ Postal code: _____

Phone #: _____ Email: _____

I am participating as an individual I am participating as a part of a Team Team Name: _____

	Sponsor's Name	Mailing Address (street, city, prov., postal code)	Phone	Amount Pledged	Cash ✓	Chq. ✓
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Tax receipts will be provided for donations of \$20 when accompanied by complete mailing information. Please make all cheques payable to Extend-A-Family Waterloo Region.				TOTAL:		

**Please bring completed pledge form(s), cash and cheques to the EAFWR Office, 91 Moore Avenue, Kitchener starting September 24.
We kindly ask that pledges are dropped off by October 4, 2024.**