

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 from September 8 - 20, 2025.
We kindly ask that pledges are dropped off by September 26, 2025.**