

# Wild Pink Yonder Charitable Society

## PLEDGE FORM

NAME OF PARTICIPANT \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_



On the trail to a cure

**MAKE CHEQUES PAYABLE TO WILD PINK YONDER CHARITABLE SOCIETY**

*Tax receipts applicable to donations of \$15.00 or more*

**PLEASE PRINT CLEARLY**



NAME OF DONOR (Please print)	COMPLETE MAILING ADDRESS	CITY	PROV	POSTAL CODE	PLEDGE AMOUNT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

