



Pledge Form

Make all cheques payable to "Easter Seals Ontario".
Please ensure complete address provided and check receipt preference box.

PARTICIPANT NAME: _____ E-mail: _____ # of years participated: _____
LAST NAME FIRST NAME

Address: _____ Apt # _____ City/Town: _____ Province: _____ Postal Code: _____

Daytime Telephone: (_____) _____ Evening Telephone: (_____) _____ Date of birth _____ Gender: M F
DD / MM / YYYY

Please fill in donor's name and complete address, even if e-mail receipt is being issued. Please print clearly. We cannot guarantee a tax receipt if information is not legible.				Amount Pledged	Amount Collected	Physical Receipt Required	E-Receipt Preferred
Last name		First name					
Apt. #/TH/Suite	Street Address	City	Postal Code				
E-mail address (required for e-receipt to be issued)							
Last name		First name					
Apt. #/TH/Suite	Street Address	City	Postal Code				
E-mail address (required for e-receipt to be issued)							
TOTAL							