



# SPORTING LIFE 10K TORONTO PLEDGE FORM



## FUNDRAISER INFORMATION

Participant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Team Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

MY FUNDRAISING GOAL IS:

## DONOR INFORMATION [Please Print Clearly]

Charitable Business: 13111 6022 RR 0001

Donation  
Amount

Tax  
Receipt

1	Name:			Method of Donation:				
	Address:			Cash                      Cheque                      CC				
	City:	Prov:	Postal Code:	Credit Card Number:				
	Email:		Phone:	Expiry Date:				
				Signature:				
2	Name:			Method of Donation:				
	Address:			Cash                      Cheque                      CC				
	City:	Prov:	Postal Code:	Credit Card Number:				
	Email:		Phone:	Expiry Date:				
				Signature:				
3	Name:			Method of Donation:				
	Address:			Cash                      Cheque                      CC				
	City:	Prov:	Postal Code:	Credit Card Number:				
	Email:		Phone:	Expiry Date:				
				Signature:				
4	Name:			Method of Donation:				
	Address:			Cash                      Cheque                      CC				
	City:	Prov:	Postal Code:	Credit Card Number:				
	Email:		Phone:	Expiry Date:				
				Signature:				

- Please note receipts are issued for donations over \$25
- Cheques can be made payable to Camp Oochigas 464 Bathurst St, Toronto, ON M5T 2S6 or dropped off to the Camp Ooch office or booth at the SL10K Race Kit Pick Up or on Race Day

**TOTAL**

\$

**Thank you for sending kids affected by childhood cancer to Camp Ooch!**