



CAMP OCHIGEAS PLEDGE FORM



FUNDRAISER INFORMATION

Participant Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Event: _____
 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 Oochigeas
- Pledge forms can be mailed or dropped off to: Camp Oochigeas - 464 Bathurst Street, Toronto, ON M5T 2S6

TOTAL

\$

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