

Your Name _____ Team Name _____

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Donor's Name (PLEASE PRINT)	Mailing Address, City, Postal Code	Email Address/ Telephone	Amount Pledged	Payment Type	Receipt Req'd
Jane Smith	229 First Avenue Toronto, Ont. M4E 2T3	jsmith123@swwr.ca 416-214-1056	\$25	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No
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TOTAL PLEDGES THIS PAGE			\$		