PLEDGE FORM Runner Name: _____

Sunday,
October 15, 2017

NEW!! HSF will receipt $20 or more, please include full mailing details for receipts.
PLEASE PRINT CAREFULLY.

First Name	Last Name	Address	City	Prov.	Phone Number	Postal Code	Pledge Amount	Receipt Y/N	Chq/ Cash
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		
							$		

Charitable #: 10684 6942 RR0001
For Further information regarding the eligibility of tax receipts, please refer to Charitable Tax Receipts Guidelines at the Canada Revenue Agency website at www.cra-arc.gc.ca

Anonymous Donations	$
Total Donations	$

Please make all cheques payable to: The Heart and Stroke Foundation

Thank you for your Support!

***Additional pledge cards can be downloaded from www.wfpshalfmarathon.com**