Raising funds for: FORZANI CHARITIES | Calgary Health Trust

PLEDGE FORM

(One pledge form per participant)

RAISE $1,000
AND HAVE A CHANCE TO
WIN A TRIP FOR 2
TO ANYWHERE IN WESTJET'S WORLD
WESTJET
(Some restrictions may apply)

INSTRUCTIONS

- Please include the full name, address, postal code, phone number and pledge amount for each donor; otherwise a tax receipt cannot be issued. Tax receipts will only be issued for amounts of $20 or more and will be mailed prior to December 31, 2010.
- All cheques payable to: The Forzani Group Foundation
- Completed pledge forms and collected monies must be turned in at the Fitness Fair (Mount Royal University - 4825 Mount Royal Gate SW) on Friday, May 7 @ 4:00 pm - 9:00 pm or Saturday, May 8 @ 9:00 am - 4:00 pm.
- Pledge prizes will be mailed directly to you!
- If you have any questions regarding the pledge form or these procedures, please call the Mother's Day hotline at 403-717-1332.
- The Forzani Group Foundation charitable business number #86661 5123 RR0001.

INDIVIDUAL FUNDRAISING INCENTIVES

Raise funds and you will receive one of the following items based on the amount of pledge money you turn in. Prizes are not cumulative.
Product may not be the same as shown and may be replaced with product of equal or greater value.

RAISE $250
Receive: Sport Chek $25 Gift Card

RAISE $500
Receive: Oasis Wellness Centre and Spa $75 Gift Card

RAISE $1,000
Receive: Core - Calgary Eaton Centre/TD Square $100 Gift Card

RAISE $1,500
Receive: Two (2) Nights Accommodation at a Bellstar Hotel & Resort Property

PLEASE PRINT CLEARLY - Additional pledge forms are available at all Sport Chek, Coast Mountain Sports and Tech Shop stores, online at www.mdrunandwalk.com or photocopy as needed.
Note to the donors: The personal information provided by the donor on this pledge form shall be used by The Forzani Group Foundation solely for the purpose of issuing tax receipts where appropriate and for no other purpose.

☐ MRS ☐ MS ☐ MISS ☐ MR FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE #: (____) _____

NAME (FIRST, LAST)	UNDER 18	M/F	ADDRESS (INCLUDE CITY IF OTHER THAN CALGARY)	POSTAL CODE	PHONE	PAID	AMOUNT
					TOTAL		
					INITIAL AMOUNT VERIFIED		

Photocopy as needed