

Raising funds for:



PLEDGE FORM

**RAISE \$500
AND HAVE A CHANCE TO
WIN A TRIP FOR 2**
TO ANYWHERE IN WESTJET'S WORLD
(Excluding, Bahamas, Jamaica, Dominican Republic & St. Lucia)

(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 \$10 or more and will be mailed prior to December 31, 2008.
- All cheques payable to: The Forzani Group Foundation.
- Pledge prizes will be available at the Registration table while quantities last. The balance will be available at the Dr. Paul Schwann Applied Health & Research Centre from May 19 - 23, 2008. Call 337-2650 to make arrangements.
- If you have any questions regarding the pledge form or these procedures, please call 337-2650.
- The Forzani Group Foundation charitable business number is #86661 5123 RR0001.

RAISE \$100

Receive:
adidas Ultra Tech Cap

RAISE \$250

Receive:
Sports Backpack

RAISE \$350

Receive:
\$50 Sport Mart or \$50 Sport Chek Gift Card

RAISE \$500

Receive:
Sport Travel Bag

RAISE \$750

Receive:
U of R 6 Months Fitness Membership & a Pair of adidas Runners

RAISE \$1,000

Receive:
\$200 Sport Chek Gift Card

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.

PLEASE PRINT CLEARLY - Additional pledge forms are available at all Sport Chek or Sport Mart Stores and the University of Regina - Centre for Kinesiology, Health & Sport, 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 #: () _____

RAISE \$100 IN PLEDGES & YOUR REGISTRATION FEE WILL BE WAIVED!

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

Photocopy as needed