



Pledge Form

RUNDLE PARK

Saturday, May 11, 2019

Participant Name _____

Participant Phone Number _____

Tax receipts:

- Will be issued for donations of \$25 or more.
- Will be issued prior to December 31, 2019.
- Can only be issued if information is complete and legible.
- Can only be issued if there is a full mailing address provided.
- Can be emailed if an email address is provided.

For assistance, phone 780.433.5437

If you wish to have a copy of your pledge sheets for your records, or to issue thank you cards, please photocopy before submitting.

First / Last name		Street address			Email address (to ensure faster receipting)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from the Stollery Children's Hospital Foundation.	
First / Last name		Street address			Email address (to ensure faster receipting)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from the Stollery Children's Hospital Foundation.	
First / Last name		Street address			Email address (to ensure faster receipting)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from the Stollery Children's Hospital Foundation.	
First / Last name		Street address			Email address (to ensure faster receipting)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from the Stollery Children's Hospital Foundation.	
First / Last name		Street address			Email address (to ensure faster receipting)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from the Stollery Children's Hospital Foundation.	
First / Last name		Street address			Email address (to ensure faster receipting)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from the Stollery Children's Hospital Foundation.	

Cash (this page)	Cheque Total (this page)	Page Total	Participant Initials	Office Initials
\$	\$	\$		

We do not sell, rent or trade our donor lists. We collect, use and disclose personal information only for the purpose of processing donations and keeping you informed about the activities of the Teddy Bear Fun Run, and the charity involved. By providing your information, you give the aforementioned organizations consent to maintain contact with respect to this event.

Make your online donation at
teddybearfunrun.com

Send your pledge sheets and cheques to Stollery Children's Hospital Foundation,
800 College Plaza, 8215 112 Street, Edmonton, AB T6G 2C8