



ROWING FOR THE CURE PLEDGE FORM

Host club: NICOMEKL ROWING CLUB

NAME OF PARTICIPANT: _____

MAILING ADDRESS: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

DAYTIME TELEPHONE: () _____ EMAIL: _____

PAGE ____ of ____

| NAME OF DONOR (please print clearly) | COMPLETE MAILING ADDRESS | CITY | PROV | POSTAL CODE | TELEPHONE | PLEDGE AMOUNT | PAYMENT TYPE Cash/CC/Cheque* | CREDIT CARD # | EXPIRY DATE | PAID |
|---|-----------------------------|------|------|----------------|-----------|------------------|---------------------------------|---------------|----------------|------|
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
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| 9. | | | | | | | | | | |
| 10. | | | | | | | | | | |

CHARITABLE TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OF \$20 AND OVER

- Donations under \$20 can receive tax receipts if requested
- Please print clearly – Donor name and contact information **must** be completed to receive a tax receipt
- Please make cheques payable to NICOMEKL ROWING CLUB

TOTAL PLEDGES