



Pledges

FUNDRAISING GOAL \$ _____

Official tax receipts will be issued for pledges of \$10 and over, ONLY with a complete and legible address – including an accurate POSTAL CODE.

I understand the funds I raise will be used to support the mission of the **rare Charitable Research Reserve**.

Signature of Participant
(or Parent/Guardian if under 18 years of age)

REGISTERED PARTICIPANT INFORMATION

Team Name _____

()

FIRST NAME (please print above the line) LAST NAME PHONE

APT # STREET ADDRESS CITY/PROV POSTAL CODE EMAIL

The 2016 Walk & Run for *rare* takes place Sunday, Sept 25, 2016.
Check in opens at 9:00 a.m. at Riverbluffs Park, 211 George St. N., Cambridge

		AMOUNT	PAID
1	()	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	
	FIRST NAME (please print above the line) LAST NAME PHONE	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	
	<input type="checkbox"/> CASH CREDIT CARD NO.	or	
	<input type="checkbox"/> CHEQUE	EXPIRY DATE	\$ _____
	<input type="checkbox"/> CREDIT CARD	M M Y Y	
	APT # STREET ADDRESS CITY/PROV POSTAL CODE EMAIL		
	<input type="checkbox"/> Yes, I would like to receive news and updates from <i>rare</i> via email		
2	()	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	
	FIRST NAME (please print above the line) LAST NAME PHONE	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	
	<input type="checkbox"/> CASH CREDIT CARD NO.	or	
	<input type="checkbox"/> CHEQUE	EXPIRY DATE	\$ _____
	<input type="checkbox"/> CREDIT CARD	M M Y Y	
	APT # STREET ADDRESS CITY/PROV POSTAL CODE EMAIL		
	<input type="checkbox"/> Yes, I would like to receive news and updates from <i>rare</i> via email		
3	()	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	
	FIRST NAME (please print above the line) LAST NAME PHONE	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	
	<input type="checkbox"/> CASH CREDIT CARD NO.	or	
	<input type="checkbox"/> CHEQUE	EXPIRY DATE	\$ _____
	<input type="checkbox"/> CREDIT CARD	M M Y Y	
	APT # STREET ADDRESS CITY/PROV POSTAL CODE EMAIL		
	<input type="checkbox"/> Yes, I would like to receive news and updates from <i>rare</i> via email		
4	()	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	
	FIRST NAME (please print above the line) LAST NAME PHONE	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	
	<input type="checkbox"/> CASH CREDIT CARD NO.	or	
	<input type="checkbox"/> CHEQUE	EXPIRY DATE	\$ _____
	<input type="checkbox"/> CREDIT CARD	M M Y Y	
	APT # STREET ADDRESS CITY/PROV POSTAL CODE EMAIL		
	<input type="checkbox"/> Yes, I would like to receive news and updates from <i>rare</i> via email		
5	()	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	
	FIRST NAME (please print above the line) LAST NAME PHONE	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	
	<input type="checkbox"/> CASH CREDIT CARD NO.	or	
	<input type="checkbox"/> CHEQUE	EXPIRY DATE	\$ _____
	<input type="checkbox"/> CREDIT CARD	M M Y Y	
	APT # STREET ADDRESS CITY/PROV POSTAL CODE EMAIL		
	<input type="checkbox"/> Yes, I would like to receive news and updates from <i>rare</i> via email		
		Sheet Total	\$ _____

For ideas and tips on how to raise more funds, click on the **2016 Walk & Run for rare** link at raresites.org

Tel. 519-650-9336

You can return this pledge form in person on the day of the event at Riverbluffs Park, 211 George Street North in Cambridge or in advance at:

rare Charitable Research Reserve
1679 Blair Road
Cambridge, ON N3H 4R8

www.raresites.org

The **rare Charitable Research Reserve** collects the personal information requested on this form to communicate about *rare* and its fundraising activities. By completing this form, you consent to the collection, use and disclosure by **rare Charitable Research Reserve**, of your personal information according to the **rare Charitable Research Reserve** privacy policy. If you have any questions about your personal information, please contact us at 519-650-9336.



Additional Pledges

FIRST NAME (please print above the line) _____ LAST NAME _____ PHONE () _____

Team Name _____

						AMOUNT	PAID
() FIRST NAME (please print above the line) _____ LAST NAME _____ PHONE _____						<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD						CREDIT CARD NO. _____ EXPIRY DATE □□/□□ M M Y Y	
APT #	STREET ADDRESS	CITY/PROV	POSTAL CODE	EMAIL			
<input type="checkbox"/> Yes, I would like to receive news and updates from rare via email							
() FIRST NAME (please print above the line) _____ LAST NAME _____ PHONE _____						<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD						CREDIT CARD NO. _____ EXPIRY DATE □□/□□ M M Y Y	
APT #	STREET ADDRESS	CITY/PROV	POSTAL CODE	EMAIL			
<input type="checkbox"/> Yes, I would like to receive news and updates from rare via email							
() FIRST NAME (please print above the line) _____ LAST NAME _____ PHONE _____						<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD						CREDIT CARD NO. _____ EXPIRY DATE □□/□□ M M Y Y	
APT #	STREET ADDRESS	CITY/PROV	POSTAL CODE	EMAIL			
<input type="checkbox"/> Yes, I would like to receive news and updates from rare via email							
() FIRST NAME (please print above the line) _____ LAST NAME _____ PHONE _____						<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD						CREDIT CARD NO. _____ EXPIRY DATE □□/□□ M M Y Y	
APT #	STREET ADDRESS	CITY/PROV	POSTAL CODE	EMAIL			
<input type="checkbox"/> Yes, I would like to receive news and updates from rare via email							
() FIRST NAME (please print above the line) _____ LAST NAME _____ PHONE _____						<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD						CREDIT CARD NO. _____ EXPIRY DATE □□/□□ M M Y Y	
APT #	STREET ADDRESS	CITY/PROV	POSTAL CODE	EMAIL			
<input type="checkbox"/> Yes, I would like to receive news and updates from rare via email							

Sheet Total	\$
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Tel. 519-650-9336

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