



Pledges

FUNDRAISING GOAL \$ _____

Official tax receipts will be issued for pledges of \$20 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 2017 Walk & Run for *rare* takes place Sunday, September 24, 2017
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. _____ <input type="checkbox"/> CHEQUE _____ <input type="checkbox"/> CREDIT CARD EXPIRY DATE _____ M M Y Y or \$ _____		
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. _____ <input type="checkbox"/> CHEQUE _____ <input type="checkbox"/> CREDIT CARD EXPIRY DATE _____ M M Y Y or \$ _____		
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. _____ <input type="checkbox"/> CHEQUE _____ <input type="checkbox"/> CREDIT CARD EXPIRY DATE _____ M M Y Y or \$ _____		
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. _____ <input type="checkbox"/> CHEQUE _____ <input type="checkbox"/> CREDIT CARD EXPIRY DATE _____ M M Y Y or \$ _____		
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. _____ <input type="checkbox"/> CHEQUE _____ <input type="checkbox"/> CREDIT CARD EXPIRY DATE _____ M M Y Y or \$ _____		
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 **2017 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.

