



Official tax receipts will be issued for pledges of \$20 and over, ONLY with a complete and legible address including 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

Fundraising Goal \$ \_\_\_\_\_

Team Name \_\_\_\_\_

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

\_\_\_\_\_  
APT # STREET ADDRESS CITY/PROV POSTAL CODE EMAIL

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

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](http://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

( )

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

**Sheet Total**      \$ \_\_\_\_\_

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



Sunday, September 30, 2018  
 Riverbluffs Park, Cambridge

[www.raresites.org](http://www.raresites.org)

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