



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 rare 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 rare 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 rare 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 \$ _____
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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 rare 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



Sunday, September 22, 2019
Riverbluffs Park, Cambridge

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"/> \$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							
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<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 _____		
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Sheet Total

\$

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