



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 \$ _____

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

You can return this pledge form and donations in person on Thursday mornings (9:30am – 11:00am) 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.