



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. _____	<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						EXPIRY DATE			_____/____/____ M M Y Y
	<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. _____	<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						EXPIRY DATE			_____/____/____ M M Y Y
	<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. _____	<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						EXPIRY DATE			_____/____/____ M M Y Y
	<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. _____	<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						EXPIRY DATE			_____/____/____ M M Y Y
	<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 <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	CREDIT CARD NO. _____	<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						EXPIRY DATE			_____/____/____ M M Y Y
	<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 in advance of the event, or mail to:

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



Sunday, September 19, 2021
VIRTUAL EDITION

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.