



RINGETTE SCORES ON CANCER

PLEDGE FORM WEST EDMONTON MALL JANUARY 27 - 29, 2017



Participant Information (please print clearly)

Name: _____
 Address: _____
 City & Postal Code: _____
 Phone Number: _____
 Email Address: _____
 Your Team's Name: _____

Pledge cheques should be made payable to:
Ringette Scores on Cancer

Please bring completed pledge form & funds to control desk at WEM Ice Palace before participating in your first game.

TO RECEIVE AN INCOME TAX RECEIPT A COMPLETE ADDRESS MUST BE PROVIDED. CONTRIBUTIONS OF \$20.00 OR MORE WILL BE RECEIPTED AUTOMATICALLY. DONATIONS LESS THAN \$20.00 MUST BE REQUESTED.

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	POSTAL CODE	PLEDGE AMOUNT	CASH OR CHEQUE	RECEIPT REQUIRED?

