



PLEDGE ENVELOPE

ORGANIZATION NAME: _____

EVENT DATE: _____

EVENT TYPE: _____

NAME: _____ GENDER: M F

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TEL (HOME): _____ E-MAIL: _____

AGE CATEGORY: 14-20 21-30 31-40 41-50 51-60 61+

HOW MANY YEARS HAVE YOU BEEN PARTICIPATING IN A FIT FOR HEART EVENT? ____

T-SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE XX-LARGE

I WOULD PREFER TO DONATE MY PRIZES BACK TO THE HEART AND STROKE FOUNDATION

EVENT FUNDRAISING GOAL _____ **MY FUNDRAISING GOAL** _____

THANK YOU FOR RAISING FUNDS THAT SUPPORT LIFE SAVING RESEARCH.
 WE CANNOT GUARANTEE A TAX RECEIPT IF INFORMATION IS NOT CLEAR AND COMPLETE.
 Tax receipts will be issued for pledges of \$20 or more. Please include full address for tax receipting purposes.

SPONSOR'S NAME (FIRST & LAST)	MAILING ADDRESS	CITY	POSTAL CODE	PHONE	SUBMITTED	RECEIPT ISSUED*
MARY SMITH	123 ANYWHERE STREET	MY TOWN	B1B 2A2	(111) 123-4567	\$20.00	OFFICE USE ONLY

Need more space? Print another pledge form at fitforheart.ca TOTAL COLLECTED

TOTAL ONLINE PLEDGES TOTAL COLLECTED TOTAL RECEIVED
 (cash and cheques enclosed)

_____ + _____ = _____

PLEASE TURN IN ALL PLEDGES ON EVENT DAY

