

Full Throttle

PARTICIPANT INFORMATION:



First Name:	Last Name:		
Address:	City:	Province:	Postal Code:
Telephone:	Email:		

Please submit the completed pledge form on the day of the Ride.

Donations of \$20 or more will be tax receipted unless otherwise indicated on the sheet. If the information is incomplete no tax receipt will be issued.

<i>Donor Last Name</i>	<i>Donor First Name</i>	<i>Address</i>	<i>City</i>	<i>Prov</i>	<i>Postal Code</i>	<i>Telephone</i>	<i>Email</i>	<i>Amount Pledged</i>	<i>Payment Type: Cash/Cheque</i>
Smith	John	123 Main Rd	Victoria	BC	V90 3E5	250-432-7890	johnsmith@hotmail.com	\$55.00	Cash

TOTAL: