

Wild Pink Yonder Charitable Society

PLEDGE FORM



NAME OF PARTICIPANT _____

MAILING ADDRESS _____

TELEPHONE NUMBER () _____

On the trail to a cure _____

MAKE CHEQUES PAYABLE TO WILD PINK YONDER CHARITABLE SOCIETY

Tax receipts applicable to donations of \$20.00 or more

PLEASE PRINT CLEARLY



NAME OF DONOR (Please print)	COMPLETE MAILING ADDRESS	CITY	PROV	POSTAL CODE	PLEDGE AMOUNT	PAID
1.						
2.						
3.						
4.						
5.						
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9.						
10.						

