

2012 Kms for Care – Pledge Form

Sunday, April 15, 2012

Participant's Name _____ Phone Number _____

Race Event _____

Please Print Clearly

Tax receipts provided for pledges of \$10 or more - cheques payable to Community Care Peterborough

Name of Sponsor	This information is required only if tax receipt is requested		Pledge	Paid	No Mail*
	Complete mailing address	Phone #			
TOTAL					

Thank you for your support!

For more information about Community Care Peterborough, visit www.commcareptbo.org
Charitable Registration #13668-0865 RR0001

* When you donate to Community Care, the information you provide may be used to acknowledge your gift and issue tax receipts. We make the assumption that you want to be added to our donor list unless you check the column "No Mail" on this form.