

Pledge Form

Fundraiser Information

Name of Fundraising Event: _____

Date: _____ Contact: _____

Donor Information

- Donor's name and address must be complete in order to receive a tax receipt
- Charitable tax receipts will be issued for any gift of \$20 or greater
- Make cheques payable to KGH Foundation
- Charitable Registration #11897 8733 RR0001

<p>First Name _____ Last Name _____</p> <p>This gift is <input type="checkbox"/> Personal <input type="checkbox"/> Corporate Business Name _____</p> <p>Address _____ City _____ Prov ____ PC _____</p> <p>Phone _____ E-mail _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Card Credit Card # _____ Exp ____ / ____</p> <p>Cardholder Name _____ Signature _____</p>	<p>Donation Amount (\$)</p>
<p>First Name _____ Last Name _____</p> <p>This gift is <input type="checkbox"/> Personal <input type="checkbox"/> Corporate Business Name _____</p> <p>Address _____ City _____ Prov ____ PC _____</p> <p>Phone _____ E-mail _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Card Credit Card # _____ Exp ____ / ____</p> <p>Cardholder Name _____ Signature _____</p>	<p>Donation Amount (\$)</p>
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<p>TOTAL DONATIONS</p>	