

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

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