



Pledge Rules

Each Team **MUST** raise \$100.00 in order to participate

Raise **\$500** and receive a **FAST FORWARD ADVANTAGE!**
TOP FUNDRAISING TEAM will automatically qualify for the
 Final Race!

Every Dollar Raise could be that one step closer to the win!
 Each Dollar Raised Counts for something!

TEAM NAME: _____

Name: _____ Phone#: _____

Address: _____ City: _____ Prov: _____ Postal: _____

Company: _____ E-mail: _____

Tax receipts provided for all donations over \$20 with complete contact information

1	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
2	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
3	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
4	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
5	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
6	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
7	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
8	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>

Total Pledges:

Please make all cheques payable to City Kidz Charitable Number 89498 2479 RR0001

9	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
10	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
11	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
12	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
13	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
14	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
15	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
16	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
17	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
18	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
19	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
20	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
21	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>
22	Name: _____ Phone#: _____ Pledge amount: _____ Address: _____ Postal Code: _____	Receipt <input type="checkbox"/>	Paid <input type="checkbox"/>

Total Pledges:



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