



Helping Kids with
Physical Disabilities
Succeed

PLEDGE FORM

*Make all cheques payable to "Easter Seals Ontario."
Receipts will be issued for donations of \$20.00 or more with a complete address.*

PARTICIPANT NAME: _____

DATE OF BIRTH _____ **GENDER:** M _____ F _____

ADDRESS: _____ **APT #** _____

CITY/TOWN _____ **PROVINCE:** _____ **POSTAL CODE:** _____

TELEPHONE: () _____ **E-MAIL:** _____

DONORS NAME AND COMPLETE ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY! WE CANNOT GUARANTEE A TAX RECEIPT IF INFORMATION IS NOT CLEAR.		AMOUNT PLEGDED	PAID ✓	PHYSICAL RECEIPT REQUIRED	E-RECEIPT PREFERRED
		<i>Example:</i> \$50.00	✓		Y
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued) _____					
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued) _____					
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued) _____					
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued) _____					
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued) _____					
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued) _____					
		TOTAL \$			

**TO SPONSOR A PARTICIPANT ONLINE PLEASE VISIT
[HTTP://WWW.EASTERSEALS.ORG/KPMG-VOLLEYBALL/](http://www.easterseals.org/kpmg-volleyball/)
 ONLINE DONATIONS OVER \$20 ARE AUTOMATICALLY ISSUED A
 TAX RECEIPT BY E-MAIL**