

PLEDGE FORM *If donating online, please go directly to: trilliumwalk.ca*

Participant Last Name: _____ Participant First Name: _____ Company Name: _____

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Please print clearly. We cannot guarantee a tax receipt if information is not complete and clear. (Please photocopy this pledge form for more sponsors)

SPONSORS NAME	ADDRESS	CITY	POSTAL CODE	AMOUNT PLEDGED

Total amount collected on this page \$ _____

All cheques should be made payable to Trillium Health Partners Foundation.
 Official tax receipts will be issued for donations of \$25 or more.
 Please submit all offline donations by event day, at the Registration Tent.

Total amount from all other pages \$ _____

Total amount raised online \$ _____
 (if applicable)

Thank you for supporting Trillium Health Partners!

TOTAL PLEDGES \$ _____