CAMPFIRE CIRCLE
HEALING THROUGH HAPPINESS

PLEDGE FORM

FUNDRAISER INFORMATION

Participant Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

MY FUNDRAISING GOAL IS:

DONOR INFORMATION (Please Print Clearly)

Charitable Business: 13111 6022 RR 0001

				Amt Received	Receipt
1	Name: Address: City: / Province: / Postal Code: Email: / Phone Number:		Method of Donation: Cash Cheque CC Credit Card Number: Expiry Date: Signature:		
2	Name: Address: City: / Province: / Postal Code: Email: / Phone Number:		Method of Donation: Cash Cheque CC Credit Card Number: Expiry Date: Signature:		
3	Name: Address: City: / Province: / Postal Code: Email: / Phone Number:		Method of Donation: Cash Cheque CC Credit Card Number: Expiry Date: Signature:		
4	Name: Address: City: / Province: / Postal Code: Email: / Phone Number:		Method of Donation: Cash Cheque CC Credit Card Number: Expiry Date: Signature:		

- Please note receipts are issued for donations over $25
- Cheques can be made payable to Campfire Circle
- Pledge forms can be mailed to: Campfire Circle - 464 Bathurst Street, Toronto, ON M5T 2S6

TOTAL $

Thank you for sending Kids and Families affected by childhood cancer to Campfire Circle