

sight sight night pledge form

PARTICIPANT CONTACT INFORMATION

Last name _____
 Address _____
 Suite number _____ Postal code _____
 Email address _____

First name _____
 City _____ Province _____
 Teamname _____

PLEASE NOTE: YOU MAY REGISTER AND COLLECT PLEDGES ON-LINE AT: www.asrab.ab.ca

Please print clearly. Tax receipts cannot be issued if contact information is illegible or incomplete.
 For donations of less than \$20.00 receipts will only be issued upon request

Donor's name _____
 Address _____ City _____
 Email address _____

Tax Receipt Requested? Yes _____ No _____
 Prov. _____ Postal Code _____
 Amount _____ Cash/Chq _____

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