



**BIKE FOR
BRAIN
HEALTH**

SUPPORTING **Baycrest**

Pledge Form

Last Name: _____ First Name: _____ Phone: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Please ensure all fields are completed.

Sponsor Name	Mailing Address	Email	Payment Type	Tax Receipt Check	Credit Card Type	Credit Card # (all 16 digits)	Expiry	Amount
John Smith	123 Main St, Toronto, ON M4Y 1H4, Canada	john@work.com	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>	VISA	1234 1234 1234 1234	01 / 25	\$50
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				\$
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				\$
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				\$
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			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				\$
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				\$