Baycrest Foundation

Pledge Form

EVENT NAME

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
EXAMPLE John Smith	123 Main St, Toronto, ON M4Y 1H4, Canada	john@work.com	☐ Credit Card ☐ Cash ☐ Cheque	☐	VISA	1234 1234 1234 1234	01 / 25	$50
			☐ Credit Card ☐ Cash ☐ Cheque	☐				$
			☐ Credit Card ☐ Cash ☐ Cheque	☐				$
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Total this page: $