

Pledge Form





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Raising funds for suicide prevention and awareness since 2004!

Make cheques payable to The Simon Poultney Foundation - CSPP

Contact Information					
Participant's Name:			B 88		
(If Part of Team) School Name:	8	_ Team Name:			
Address:					
	Prov:	Postal Code:		Age:	
Email:	Phone (h):				
All pledges go to The Simon Po	oultney Foundation. Charitable # 81-4888	35547-RR001. PLEASE P	RINT CLEARLY.		
Name	Address	Postal Code	Phone	Cash	Chq
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Name	Address	Postal Code	Phone	Cash	Chq
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V.					
 Upon request, individual runners wh 	o raise \$500% or more will be eligible for a refund of their entry	fee. (Teams not eligible	e) Subtotal:		

Collected pledges must be submitted at Race Package Pickup at the TLC or at the Pledge Table the morning of the run, in order to be eligible for prizes.
All pledges over \$20 will receive a tax receipt from The Simon Poultney Foundation.

Total Pledges: