



Celebrity Slo-Pitch Tournament

OFFLINE PLEDGE FORM

*This is not a Registration Form. You must complete a REGISTRATION FORM to register for the event.

FOR ACCOUNTING USE ONLY

Total Cash	Total Cheques	Number of Pledge Forms	Total \$ Collected
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Participant Information:

Please print clearly. *Denotes mandatory information

*First Name		*Last Name	
*Address		*City/Province	*Postal Code
*Telephone Number	*Email Address		

Donor Information:

Tax receipts will be issued for donations of \$20.00 or more. A tax receipt cannot be issued if donor information is incomplete or illegible.

Please make all cheques payable to Easter Seals Ontario

First Name	Last Name	Pledge Amount	Paid YES / NO
Address		City/Province	Postal Code
Telephone Number	Email Address	Tax Receipt Required YES / NO	

First Name	Last Name	Pledge Amount	Paid YES / NO
Address		City/Province	Postal Code
Telephone Number	Email Address	Tax Receipt Required YES / NO	

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Telephone Number	Email Address		Tax Receipt Required YES / NO

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Attn: Charlene Myke
135 Bayfield St,
Barrie ON L4M 3B3
705 797-2675 Or Toll Free 1-800-461-3391