



Community Torch Run Pledge Form 2019

Participant Name _____

Address _____

Tel _____

Email _____

I will be participating in my Community Torch Run! We are raising funds for children and adults with an intellectual disability to provide sport training and competition. I need your help. Will you please sponsor me by making a tax-deductible donation to Special Olympics Ontario today?

Thank you!

(PLEASE PRINT CLEARLY)

Donor Name	Address (Street, City, Province, Postal Code)	Telephone/Email	Amount (Please check payment method)	
		Tel: _____	\$.	
		Email: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
		Tel: _____	\$.	
		Email: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
		Tel: _____	\$.	
		Email: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
		Tel: _____	\$.	
		Email: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
		Tel: _____	\$.	
		Email: _____	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>

Please make all cheques payable to: **Special Olympics Ontario and hand in your pledge form at the registration table with all cash and cheques*

Donor Name	Address (Street, City, Province, Postal Code)	Phone Number	Amount (Please check payment method)	
			\$.	
			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
			\$.	
			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
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			\$.	
			Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>

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www.TorchRunOntario.com
Special Olympics Ontario Registered Charitable Number - 11906 8435 RR0001

Cash: \$.	Cheques \$.	TOTAL \$.
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