



18th Annual Achilles Canada St. Patrick's Day 5K Run/Walk

Sunday, March 12, 2017



Pledge Form

Sponsored by



Runner's/walker's name: _____

Email address: _____

Phone number: _____ Team name: _____

(if applicable)

I am raising funds to support _____

(Fill in the name of your charity. If left blank, funds will go to Achilles Canada.)

Note to Runners/Walkers

- Please photocopy this form if you need extras
- Collect the money when the sponsor agrees to contribute
- All donations are due on race day
- Charitable Registration # 86307 8721RR0001
- Incentive prizes only apply to donations made to Achilles Canada

Note to Contributors

- Pledges are based on participation, not distance or time
- Pledge collector is responsible for collection.
- Official tax receipts for pledges of \$20 or more.
- Print clearly and provide complete address to receive tax receipt.
- Cheques should be made to Achilles Canada

Please complete all information and print clearly.		Amount Pledged
Name Jane Doe	<i>Sample</i>	
Address 123 Main Street	Toronto	\$20.00
Telephone 905-555-1212	Postal Code A 1 B 2 C 3	
Name	Telephone	
Address City/Town	Postal Code	
Name	Telephone	
Address City/Town	Postal Code	
Name	Telephone	
Address City/Town	Postal Code	
Name	Telephone	
Address City/Town	Postal Code	
Name	Telephone	
Address City/Town	Postal Code	
Name	Telephone	
Address City/Town	Postal Code	

