



20th Annual Achilles Canada
St. Patrick's Day Run/Walk Events
 Sunday, March 17, 2019

PLEDGE FORM

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 \$25 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>	\$25.00
Address 123 Main Street	City/Town Toronto	
Telephone 905-555-1212	Postal Code A 1 B 2 C 3	
Name	Telephone	
Address	City/Town	
Address	Postal Code	
Name	Telephone	
Address	City/Town	
Address	Postal Code	
Name	Telephone	
Address	City/Town	
Address	Postal Code	
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Address	City/Town	
Address	Postal Code	
Name	Telephone	
Address	City/Town	
Address	Postal Code	

