

# Cycle for Sight Pledge Form

Cyclist Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street No., Street Name, City, Province, Postal Code

Email Address: \_\_\_\_\_

Team \_\_\_\_\_

**PLEDGE SHEET**

- Bring this pledge sheet everywhere you go so you can personally ask for donations: Cheques payable to Cycle for Sight
- Record the donor's information; Donations \$20+ will receive a tax receipt in the mail after the event
- Bring this pledge sheet along with all donations collected to the registration table at the event or mail it to The Foundation Fighting Blindness, 890 Yonge Street, 12<sup>th</sup> Fl, Toronto ON M4W 3P4.

**PLEASE PRINT CLEARLY.**

**DO NOT RECORD ONLINE DONATIONS HERE**

Donor Name	Address	City, Province	Postal Code	Telephone	Email	Cash/ Cheque	Donation Amount
<i>John Sample</i>	<i>123 Sample Street, Apt. 100</i>	<i>Ottawa, ON</i>	<i>R0G 2V0</i>	<i>204-123-4567</i>	<i>johns@hotmail.com</i>	<i>cash</i>	<i>\$20.00</i>
1							
2							
3							
4							
5							
						<b>TOTAL:</b>	