Donation Form

Participant's Name: _____ Address: _____

TEAM NAME: _____ Email:_____

Minimum pledge total of $25.00 to be enter.

- ***Pledges $10 and higher are eligible for a tax receipt. All fields below must be filled out to receive a charitable tax receipt.***
- ***Runners/participants are not eligible for a charitable receipt due to value received.***

	Donor First and Last Name	Street/Mailing Address	City	Prov.	Postal Code	Donation Amount	Method of Payment
1.							
2.							
3.							
4.							
5.							
6.							
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8.							
9.							
10.							
TOTAL							

Note: Donations by Credit Card can be made by donating online at raceroster.com Search for 2022 friendship 100km team challenge or over the phone by calling the PCH Foundation at 902-432-2547.

	Donor First and Last Name	Street/Mailing Address	City	Prov.	Postal Code	Donation Amount	Method of Payment
11.							
12.							
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24.							
25.							
26							
TOTAL							