



PLEDGE FORM



Participant: _____ Email: _____ Phone: _____

Pledged By	Mailing Address	City, Province, Postal Code	Phone	Cash	Chq	Amount

Total Amount Collected \$ _____

Please return this form with donations to Pacekids Programs:

North- 808 55 Ave NE | South-5211 McLeod Trail South
 Please ensure all cheques are made payable to: Pacekids Programs
 All donations over \$20.00 will receive a tax receipt
 To print another pledge form please visit www.raceforpace.ca
 Charitable Registration #89131 3363 RR0001

For further information please email info@raceforpace.ca.