

Pledge Form

Participant Information

Name: _____
 Address: _____
 Postal Code: _____
 Phone: () _____

*Place totals of all donations here:

TOTALS	
Zebra: \$	_____
+ 50+: \$	_____
TOTAL: \$	_____

Please make cheques payable to charitable organization of choice.
 Charitable tax receipt available for all donations over \$10. Receipts to be mailed after the RunWild Marathon.
 Zebra Child Protection Centre Charitable Registration #88146 1818 RR0001
 St. Albert 50+ Club Charitable Registration #12465 8600 RR0001

Photocopy pledge form as required. **Please PRINT clearly.**
 *Please place total of all donations in the TOTALS box at the top of the page.

Pledge Information

Name: _____
 Address: _____
 City/ Province: _____ Postal Code: _____
 Donation Amount: _____ Cash Cheque
 Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
 Email: _____
 Tax receipt required: Yes No
 Mailing address same as above: Yes No
 Mailing address if different than above: _____

.....

Name: _____
 Address: _____
 City/ Province: _____ Postal Code: _____
 Donation Amount: _____ Cash Cheque
 Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
 Email: _____
 Tax receipt required: Yes No
 Mailing address same as above: Yes No
 Mailing address if different than above: _____

RunWild

MARATHON

Name: _____
Address: _____
City/ Province: _____ Postal Code: _____
Donation Amount: _____ Cash Cheque
Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
Email: _____
Tax receipt required: Yes No
Mailing address same as above: Yes No
Mailing address if different than above: _____

Name: _____
Address: _____
City/ Province: _____ Postal Code: _____
Donation Amount: _____ Cash Cheque
Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
Email: _____
Tax receipt required: Yes No
Mailing address same as above: Yes No
Mailing address if different than above: _____

Name: _____
Address: _____
City/ Province: _____ Postal Code: _____
Donation Amount: _____ Cash Cheque
Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
Email: _____
Tax receipt required: Yes No
Mailing address same as above: Yes No
Mailing address if different than above: _____

RunWild

MARATHON

Name: _____
Address: _____
City/ Province: _____ Postal Code: _____
Donation Amount: _____ Cash Cheque
Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
Email: _____
Tax receipt required: Yes No
Mailing address same as above: Yes No
Mailing address if different than above: _____

Name: _____
Address: _____
City/ Province: _____ Postal Code: _____
Donation Amount: _____ Cash Cheque
Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
Email: _____
Tax receipt required: Yes No
Mailing address same as above: Yes No
Mailing address if different than above: _____

Name: _____
Address: _____
City/ Province: _____ Postal Code: _____
Donation Amount: _____ Cash Cheque
Charitable Organization: Zebra Child Protection Centre St. Albert 50+Club
Email: _____
Tax receipt required: Yes No
Mailing address same as above: Yes No
Mailing address if different than above: _____