

# Lansdowne Children's Centre Foundation 6<sup>th</sup> Annual Charity Motorcycle Ride Pledge Form

PLEASE PRINT CLEARLY						Amount Pledged	Amount Collected	Amount Outstanding
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   Last Name <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss                  First Name					Tel. #			
Street Address		City	Prov.	Box #      Postal Code				
Please make cheques payable to the “Lansdowne Children’s Centre Foundation” Receipts will be issued and mailed following the event for donations of \$20.00 or more that include a complete and legible name and address. CHARITABLE REGISTRATION #11881-6883-BB0001					GRAND TOTAL			