



TEAM AUSOME
autism nova scotia
PLEDGE FORM:



2018 Scotiabank Charity Challenge at the Scotiabank Blue Nose Marathon

Every Step Helps Build Our Community
Scotiabank Charity Challenge

Last Name MacDonald

First Name Colin

Phone: 902 4464995

Address: 5945 Spring Garden Road, **City:** Halifax

Prov. NS

Postal Code: B3H 1Y4

Attention all 2018 Fundraisers: Please contact your charity for instructions on where to drop off your completed pledge form(s) and collected donations. Please make all cheques payable to the charity. Thank you!

Sponsor Name	Mailing Address	Email	Payment Type	Tax Receipt Check	Credit Card Type	Credit Card # (all 16 digits)	Expiry	Amount
John Smith	123 Main St, Toronto, ON M4Y 1H4, Canada	john@work.com	<input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input checked="" type="checkbox"/>	VISA	1234 1234 1234 1234	07 / 10	\$50
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				
			<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>				

Page # _____ of _____

Total This Page: \$