



Berry Architecture + Associates Community Wellness Ride



In support of:
Canadian Mental Health Association &
Central Alberta Brain Injury Society



August 10th, 2019

Pledge Sheet

Contact:

5017 – 50th Ave, Red Deer, AB T4N 4B2
Phone 403-342-2266 Fax 403-342-5684



Participant's Name: _____ Phone # (____) _____ - _____
 Street Address: _____ City: _____ P/C: _____
 Email: _____

Total Riding Distance: 10km _____ 25km _____ 50km _____ 100 km _____
PLEASE PRINT LEGIBLY - SPONSOR'S FULL NAME AND ADDRESS IS REQUIRED FOR RECEIPT

1	Sponsor Name:		Ph: ()	Pledge Amount	Cash
	Street Address:				Cheque
	City:	Prov.:	P/C:	Receipt Requested? YES NO	Online
2	Sponsor Name:		Ph: ()	Pledge Amount	Cash
	Street Address:				Cheque
	City:	Prov.:	P/C:	Receipt Requested? YES NO	Online
3	Sponsor Name:		Ph: ()	Pledge Amount	Cash
	Street Address:				Cheque
	City:	Prov.:	P/C:	Receipt Requested? YES NO	Online
4	Sponsor Name:		Ph: ()	Pledge Amount	Cash
	Street Address:				Cheque
	City:	Prov.:	P/C:	Receipt Requested? YES NO	Online
5	Sponsor Name:		Ph: ()	Pledge Amount	Cash
	Street Address:				Cheque
	City:	Prov.:	P/C:	Receipt Requested? YES NO	Online
6	Sponsor Name:		Ph: ()	Pledge Amount	Cash
	Street Address:				Cheque
	City:	Prov.:	P/C:	Receipt Requested? YES NO	Online

Pledges of \$10.00 or more will be receipted for tax purposes if requested (circle the "YES" in the Pledge column).
PLEASE MAKE YOUR CHEQUES PAYABLE TO:
Canadian Mental Health Association
Thank you for your support!