



Berry Architecture Community Wellness Ride

In support of:

**Canadian Mental Health Association and
Central Alberta Brain Injury Society**

August 19, 2017

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: 10 km _____ 25 km _____ 50 km _____ 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

If you need more pledge forms, please photocopy this sheet.

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!