



Pledge Collection Form

Fundraiser's Information			
Last Name:	First Name:	Home Phone:	Cell Phone:
Address:	City, Province/State:	Postal Code/Zip Code:	Email:

Please make all cheques payable to CAP Network

(if you are raising funds for another participating organization, funds will be allocated accordingly).

Full address information is required for issuing of Tax Receipts. Charitable Registration No. 88898 7500 RR0001

Pledge #1			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #2			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #3			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #4			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #5			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?

Page ____ of ____ Total Donations Collected (this page): \$ _____

For the 2020 CAP Virtual Ride – please give your pledges and this form to a CAP representative or mail to: c/o 3 Durham St., Port Hope ON L1A 1G6