



Edmonton & Northern Alberta Chapter
 7814 - 83 Street
 Edmonton, AB T6C 2Y8
 780-466-2265

Last Name: _____ First Name: _____ Apt. # _____
 Address: _____ Province: _____ Postal Code: _____
 City: _____ (business) _____ Team Name: _____
 Telephone (home): _____ Team Captain Name: _____
 E-mail _____

Sponsor's Name	Address (please include apt #, city and province)	Postal Code	Phone Number	Amount Pledged	Collected	Tax Receipt Requested
John Walk	123 Anywhere Drive, My Town, AB	B1B 2C2	902-555-5555	\$20	<input checked="" type="checkbox"/>	Yes
E-mail	johnwalk@email.com <input checked="" type="checkbox"/>	Please check this box if donor has provided an email address and prefers an electronic tax receipt				
1						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt
2						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt
3						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt
4						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt
5						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt
6						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt
7						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt
8						
E-mail						<input type="checkbox"/> Please check this box if donor has provided an email address and prefers an electronic tax receipt

Subtotal this page	_____
Total Pledges - All pages	_____
Total Pledges raised ONLINE +	_____
GRAND Fundraising Total	= _____
page _____ of _____	

Please accept my total pledge submission Cash: _____ Cheque(s): _____ Credit Card: _____
 Card type (circle one): VISA MC AMEX
 Name on Card: _____ Credit Card#: _____ Exp Date: _____
 Amount: _____ Signature: _____

By completing this form, you hereby consent to the collection and use, by Cystic Fibrosis Canada of your personal information in accordance with Cystic Fibrosis Canada's Privacy Policy. Detail of our policy are available by sending an e-mail to privacy@cysticfibrosis.ca with "Attention Privacy Officer" in the subject line, or by calling 1-800-378-2233.
 Charitable registration # 10684 5100 RR0001