



JOIN the FUN

**Sunday, June 9
2024**

PLEDGE SHEET

Last Name: _____
 First Name: _____
 TEAM NAME: _____ Unit (If Applicable) _____
 Mailing Address: _____
 Phone Number: _____
 Email: _____

Donor Name	Mailing Address (Street, City, Prr)	Postal Code	Telephone	Email	Collected	Payment Type
_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
_____	_____	_____	_____	_____	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque

Complete information is required!
 Tax receipts will be issued for all
 donations of \$20 or more

If paying by credit card, please
 visit our website:
rhcf.mb.ca/events/cycle-on-life