



PLEDGE FORM



Participant's Name: _____

Participant's Phone #: _____

Please make cheques payable to: **The Bea Fisher Foundation**

Please provide your name, email and mailing address and indicate if you would like a tax receipt (Y/N). Please note that donations under \$5 will not be issued a tax receipt.

Name	E-mail	Mailing Address	Postal Code	Tax Receipt (Y/N)	Amount Pledged (\$)
				TOTAL (\$)	

THANK YOU FOR SUPPORTING THE COLOR WITHIN 5K WALK/RUN!