

Full Throttle

PARTICIPANT INFORMATION:



First Name:	Last Name:
Address:	City: Province: Postal Code:
Telephone:	Email:

Please submit the completed pledge form on the day of the Ride.

Donations of \$20 or more will be tax receipted unless otherwise indicated on the sheet. If the information is incomplete no tax receipt will be issued.

Donor Last Name	Donor First Name	Address	City	Prov	Postal Code	Telephone	Email	Amount Pledged	Payment Type: Cash/Cheque
Smith	John	123 Main Rd	Victoria	BC	V90 3E5	250-432-7890	johnsmith@hotmail.com	\$55.00	Cash

TOTAL: