



PLEDGE FORM

Thank you for your participation!
Get more registration and pledge forms for your colleagues, friends and family at www.NFANIagara.com

PARTICIPANT INFO (**required info)

FIRST NAME** _____ LAST NAME** _____ EMAIL ADDRESS** _____

ADDRESS** _____ CITY** _____ POSTAL CODE** _____ PHONE** _____

THERE IS A \$100 SUGGESTED PLEDGE MINIMUM FOR EACH ADULT PARTICIPANT TO SLEEP OVER

Please print your pledge information CLEARLY. If information is incomplete or cannot be read- no tax receipt will be issued. Tax receipts issued for donations of \$10 or more.
Cheques can be made payable to YWCA Niagara Region.

| FIRST AND LAST NAME | MAILING ADDRESS, CITY | POSTAL CODE | EMAIL ADDRESS | PLEDGE | PD |
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| TOTAL ONLINE= | TOTAL CASH+CHEQUES= | GRAND TOTAL= | | VERIFIED BY: | |