



TRUCK CONVOY PLEDGE FORM

Participant Name: _____

Address _____

City: _____ Province: _____ Postal code: _____

Phone Number: _____ E-mail Address: _____

Please make cheques payable to Special Olympics Alberta. Donations over \$25 will automatically receive a tax receipt if all contact information is completed on this form. Thank you!

SPONSOR'S NAME	ADDRESS/CITY/PROV	PHONE	Email	AMOUNT	CHQ	CASH
					<input type="checkbox"/>	<input type="checkbox"/>
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Total Amount Collected: \$ _____