



Virtual Summer Series Pledge Collection Form

Participant Name: _____ Team Name (if applicable): _____

Address: _____ City: _____ Province/State: _____ Postal/Zip 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 (and donor is a resident of Canada). 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: \$ _____