

Tri Cool Caledon
SWIM • BIKE • RUN
A Community Fund Raising Event

2005 Pledge Form

Designated Charitable or Community Organization: _____

Name of Donation Collector _____ **Address** _____

City _____ **Postal Code** _____

Phone _____ **Email** _____

Donor Name	Address City/Province	Postal Code	Pledge Amount	Paid	Receipt Requested \$20 + only

Please make your cheque payable to the designated charitable or community organization.
 Charitable Donation Receipts will be issued by the charity.

Total Collected \$ _____