

# Lansdowne Children's Centre Foundation 6<sup>th</sup> Annual Charity Motorcycle Ride Pledge Form

PLEASE PRINT CLEARLY						Amount Pledged	Amount Collected	Amount Outstanding
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Box #	Postal Code			
<b>Please make cheques payable to the "Lansdowne Children's Centre Foundation"</b> Receipts will be issued and mailed following the event for donations of \$20.00 or more that include a complete and legible name and address. CHARITABLE REGISTRATION #11881-6883-RR0001						<b>GRAND TOTAL</b>		