

PLEDGE FORM

In support of



LOCATION CODE ADMIN USE ONLY

REGISTRATION INFORMATION

- Please check this box if you are registered online with Lawn Summer Nights, and make sure you write your name exactly as you entered it online, so we can match your profile.
- Please bring this form and all funds raised with you to the event and submit it to a LSN volunteer. All cheques can be made payable to **Cystic Fibrosis Canada**.
If you prefer, you can mail this form and any funds to **Lawn Summer Nights** c/o Cystic Fibrosis Canada, 2323 Yonge St, Suite 800, Toronto, Ontario, M4P 2C9

FIRST NAME:	LAST NAME:
ADDRESS:	POSTAL CODE:
CITY:	PROVINCE:
TELEPHONE:	EMAIL:
LSN CITY:	
TEAM NAME:	

PLEDGE INFORMATION

Tax receipts will be issued for all donation amounts of \$20 or over. All donor information **MUST** be completed below in order to receive a tax receipt. For electronic tax receipt requests, an email address must be provided.

		AMOUNT		TAX RECEIPT REQUEST
		CASH	CHEQUE	
1	DONOR'S NAME (FIRST/LAST)			<input type="checkbox"/> PRINT
	MAILING ADDRESS			PHONE NUMBER
2	DONOR'S NAME (FIRST/LAST)			<input type="checkbox"/> PRINT
	MAILING ADDRESS			PHONE NUMBER
3	DONOR'S NAME (FIRST/LAST)			<input type="checkbox"/> PRINT
	MAILING ADDRESS			PHONE NUMBER
4	DONOR'S NAME (FIRST/LAST)			<input type="checkbox"/> PRINT
	MAILING ADDRESS			PHONE NUMBER
		TOTAL	\$	\$
		PAGE TOTAL	\$	

PLEASE NOTE We cannot process tax receipts without a mailing address. Make sure to include this information for your donors.



THANK YOU TO OUR SPONSORS

PRESENTING SPONSOR

