



WSN's 2010 "Walk For Safe and Healthy Communities...Ending Sexual Violence, One Step at a Time"

PLEDGE COLLECTION FORM

Full Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Agency Affiliation (if applicable): _____

DONATION COLLECTOR INFORMATION

Donor Name <i>(Please print clearly)</i>	Address City, Province	Postal Code	Phone #	Amount of pledge \$	PAID Cash or cheque	Receipt Request (over \$20)
Total Collected:					\$	

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Total Collected:					\$	

Terms and Conditions for Take Back the Night Pledges

1. Monies and cheques to be collected on June 6th, 2010 at start or end of the walk.
2. Cheques are to be made payable to Women's Support Network of York Region.
3. A charitable tax donation will be given for donation over \$20.
4. Please provide full name and mailing address in order for the tax receipt to be issued.

Please make cheque payable to the Women's Support Network. Minimum amount of \$20.00 raised, required for tax receipt.