West Carleton Medical Dental Centre Diefenbooker Classic

Pledge Form

Bib #______

Participant's Name: ____

Address:______________________________________Phone(H): ___________(W)____________

____Email: ______________________________

Helping to raise funds for the West Carleton Branches of the Ottawa Public Library. Thank you for your support!

Everyone **who obtains $100 or more in pledges will be thanked with a special gift! A prize will be awarded for the highest pledge earner.**
All pledges collected go to the library fund. All participants are required to pay registration fees which cover costs of this event.

All pledges and monies must be submitted **BEFORE** the race to be eligible for prizes. Submission will be accepted when registering. Complete pledger name, address, telephone number and postal code required for tax receipt purposes. ***Tax receipts will be issued for amounts of $10.00 or more, if requested.***
For further information call Doug McNab, Registrar at 839-5718.

Print pledger name	Print full mailing address	Phone #	Pledge $	Collected	Receipt

Total this page __________

Use other side if required.

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Photocopy pledge sheet if more room is required.

Total this side	
Total from other side	
GRAND TOTAL	