HEART & STROKE™ FOUNDATION

MY OWN FUNDRAISER

EVENT NAME: _____

EVENT LOCATION: _____ **EVENT DATE:** _____

NAME: _____ GENDER: M F

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TEL: (HOME) _____ (BUSINESS): _____ E-MAIL: _____

MY FUNDRAISING GOAL: _____

PLEASE ENSURE INFORMATION IS CLEAR AND COMPLETE IN ORDER TO GUARANTEE A TAX RECEIPT
Tax receipts will be issued for pledges of $20 or more. Please include full address for tax receipting purposes.

SPONSOR'S NAME (FIRST AND LAST)	ADDRESS	CITY	POSTAL CODE	PHONE NO.	PLEDGE	SUBMITTED	RECEIPT ISSUED
MARY SMITH	123 ANYWHERE STREET	MY TOWN	B1B 2A2	(111)123-4567	$20.00	$20.00	✓

OFFICE USE ONLY

TOTAL COLLECTED $ 0

MAKE ALL CHEQUES PAYABLE TO THE HEART AND STROKE FOUNDATION

Please return your pledges to your local office.
Call 1-888-473-4636 or visit **myownfundraiser.ca**

TOTAL ONLINE PLEDGES		TOTAL COLLECTED (cash and cheques enclosed)		TOTAL RECEIVED
	+		=	