



**Bereaved Families of Ontario  
SW Ontario Region**

Name of Runner/Walker: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Sponsor's Name	Sponsor's Address	Sponsor's Phone Number	Amount Pledged	Receipt (y/n)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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10.				
11.				
12.				
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14.				
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16.				
17.				
18.				
19.				
20.				

**Please make cheques payable to  
Bereaved Families of Ontario**

**Receipts for income tax purposes are issued for  
pledges of \$10.00 or more.**

**TOTAL PLEDGED** \_\_\_\_\_

**TOTAL REMITTED** \_\_\_\_\_

**Instructions:**

- a. In order to be eligible for great prizes, please complete your pledge form and collect the money before Race Day.
- b. Bring both the completed form and all pledge money to the Pledge Table by 7:00 pm on Race Day.