



OFFICIAL PLEDGE FORM

THE "SHOOT FOR CAUSE" 3D ARCHERY FAMILY FUN EVENT
First weekend of May Friday-Sunday
CAMP HEALTH, HOPE & HAPPINESS – ON LAKE ISLE

I would like to share in the sensation of accomplishments and the dreams of people with disabilities by sponsoring

NAME: _____ for his/her participation in this year's annual "SHOOT FOR CAUSE".

PROCEEDS FROM THIS EVENT WILL BE USED TO PROVIDE SPONSORSHIP FOR PERSONS WITH DISABILITIES;
ALLOWING THEM TO ATTEND SUMMER CAMP AT CAMP HE HO HA.
 (TAX RECEIPT AVAILABLE FOR PLEDGES >\$20 – PLEASE INDICATE IF REQUIRED IN THE TAX RECEIPT COLUMN.)

PLEASE PRINT CLEARLY (No Tax Receipt will be issued if information is not legible)		Amount Pledged	Payment Method	Tax Receipt Requested
Name:	Phone Number:			
Address:	E-Mail:			
City:	Postal Code:			
Name:	Phone Number:			
Address:	E-Mail:			
City:	Postal Code:			
Name:	Phone Number:			
Address:	E-Mail:			
City:	Postal Code:			
Name:	Phone Number:			
Address:	E-Mail:			
City:	Postal Code:			
Name:	Phone Number:			
Address:	E-Mail:			
City:	Postal Code:			
Name:	Phone Number:			
Address:	E-Mail:			
City:	Postal Code:			

CHARITABLE NO. 11882 7229RR0001
PLEASE MAKE CHEQUES PAYABLE TO: Camp Health, Hope & Happiness
Box 182 Seba Beach, Alberta T0E 2B0 (780) 429-3277 or (780) 797-3854 FAX (780) 797-3812
 (Please have Pledge Sheets and Money available at time of the onsite registration)



“SHOOT FOR CAUSE” OFFICIAL PLEDGE FORM

Participant Name: _____

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THANK YOU FOR YOUR SUPPORT!