

Shoot For Cause Fundraiser

in Support of Camp He Ho Ha

Pledge Form

All Donations MUST be Submitted to Camp He Ho Ha by May 25, 2024	camp he ho ha

Participant Name:	_ Phone #:		City:	
Address:		_ Prov:	Postal Code:	
Email:				

Proceeds from this fundraiser will be used to support people with disabilities, allowing them to attend summer camp at Camp Health, Hope & Happiness. **Tax receipts are available for donations greater than \$20.**

Received	AMOUNT	Payment Method	Tax Receipt Requested	DONOR INFORMATION *If we can't read it, we can't receipt it.* Make cheques payable to Camp He Ho Ha.
□ Funds □ Pledge Info Camp use only	\$_50.00 Make this a monthly gift	EXAMPLE Cash Cheque	✓ Yes (Must complete mailing address and e-mail) ✓ No	Name:
□ Funds □ Pledge Info Camp use only	\$ Make this a monthly gift	□Cash □Cheque	☐ Yes (Must complete mailing address and e-mail) ☐ No	Name: Phone #: Prov: Prov: Prov: Prov: Postal Code: Prov:
□ Funds □ Pledge Info Camp use only	\$ Make this a monthly gift	□ Cash □ Cheque	☐ Yes (Must complete mailing address and e-mail) ☐ No	Name: Phone #: Address: City: Prov: Email: Postal Code: (Your email address is used to send a tax receipt, saving Camp He Ho Ha the cost of generating and mailing a receipt) Please print neatly.
□ Funds □ Pledge Info Camp use only	\$ Make this a monthly gift	□Cash □Cheque	☐ Yes (Must complete mailing address and e-mail) ☐ No	Name: Phone #: Address: City: Prov: Email: Postal Code: (Your email address is used to send a tax receipt, saving Camp He Ho Ha the cost of generating and mailing a receipt) Please print neatly.
Box 182, Seba Beach, AB, TOE 2B0 (780) 429-3277 Charitable Registration Number: 11882 7229 RR0001 Total Questions? Contact Greg Nielsen greg@camphehoha.com 780-429-3277 ext. 222 Page of				

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