



camp he ho ha

Pledge Form

Fundraiser Name: _____
 First and Last Name: _____ Phone #: _____
 Address: _____ City: _____ Prov: _____
 Email: _____ Postal Code: _____

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

AMOUNT COLLECTED		DONOR INFORMATION - If we can't read it, we can't receipt it. Make cheques payable to Camp He Ho Ha.	
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____
\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Tax Receipt Y / N	Name: _____ Address: _____ Email: _____	Phone #: _____ City: _____ Postal Code: _____	Prov: _____

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	Address: _____	City: _____	Prov: _____
	Email: _____	Postal Code: _____	
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