



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 6, 2023*
 City: _____



Participant Name: _____ Phone #: _____
 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.**

<input type="checkbox"/> Funds <input type="checkbox"/> Pledge Info <i>Camp use only</i>	\$ <u>50.00</u> <input type="checkbox"/> Make this a monthly gift	EXAMP LE <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input checked="" type="checkbox"/> Yes (Must complete mailing address and e-mail) <input type="checkbox"/> No	Name: <u>Jane Example Smith</u> Phone #: <u>555-123-4567</u> <u>123 Your Street</u> <u>Your City</u> <u>AB</u> Address: _____ City: _____ <u>janesmith@example.com</u> EXAMPL <u>Prov.</u> <u>ATA IA1</u> Email: E Postal Code: _____ <i>(Your email address is used to send a tax receipt, saving Camp He Ho Ha the cost of generating and mailing a receipt)</i> Please print neatly. <input type="checkbox"/> I do not consent to receive other electronic communications from Camp He Ho Ha.
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	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Total	

Box 182, Seba Beach, AB, T0E 2B0 | (780) 429-3277 | Charitable Registration Number: 11882 7229 RR0001
 Questions? Contact Greg Nielsen greg@camphehoha.com 780-429-3277 ext. 222

Page ____ of

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