



My Own Fundraiser

Event name: _____ Team Name: _____

Event location: _____ Event date: _____

Name: _____ Gender: M F

Address: _____ City: _____ Province: _____

Postal code: _____ Tel: (Home) _____ (Business): _____ E-mail: _____

My fundraising goal: _____

PLEASE ENSURE INFORMATION IS CLEAR AND COMPLETE IN ORDER TO GUARANTEE A TAX RECEIPT

Tax receipts will be issued for pledges of \$20 or more. Please include full address for tax receipting purposes.

SPONSOR'S NAME (FIRST AND LAST)	ADDRESS	CITY	POSTAL CODE	PHONE NO.	PLEDGE	SUBMITTED	RECEIPT ISSUED
Mary Smith	123 Anywhere Street	My town	B1B 2A2	(111)123-4567	\$20.00	\$20.00	✓
							OFFICE USE ONLY

TOTAL COLLECTED \$

Make all cheques payable to the Heart and Stroke Foundation.

Please return your pledges to your local office.
Call 1-888-473-4636 or visit myownfundraiser.ca

Constituent ID (Office use only)

TOTAL ONLINE PLEDGES		+		=		TOTAL RECEIVED
<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>

*The heart and / icon on its own and the heart and / icon followed by another icon or words are trademarks of Heart and Stroke Foundation of Canada used under license.