2010 Life without Limits Challenge
PLEDGE FORM

Team Name _____ **Your Name**_____

Address _____**City**_____ **Postal Code**_____

Phone _____**Alternate Number**_____

E-Mail _____

Instructions:
- ✓ Print clearly
- ✓ Provide complete address and postal code for tax receipting purposes
- ✓ Tax receipts will be issued for pledges of 10.00 or more
- ✓ Total the pledge amount received
- ✓ Collect flat rate pledges and bring them with you to the event
- ✓ Post-dated cheques for the day of the event are accepted
- ✓ All cheques should be made payable to Cerebral Palsy Association in Alberta
- ✓ Keep a copy of the pledge sheet for your records

Sponsor Name	Street Address	City	Postal Code	Phone #	Amount Pledged	Amount Received	Cash/ Cheque	Tax Receipt?

Cerebral Palsy Association in Alberta – **Calgary Office**
12001 - 44th Street SE
Calgary, AB T2Z 4G9
Ph#: 403.543.1161 Toll Free: 1.800.363.2807
Fax: 403.543.1168
Charitable Number: 118848654RR0001

THANK YOU FOR SUPPORTING THE CEREBRAL PALSY ASSOCIATION IN ALBERTA!

Your donations will be used to support programs and services for Albertans affected by cerebral palsy. Our goal is to raise $82,500 at a cost of less than $27,000. For further information, please contact Janice Bushfield at 1-800-363-2807.

Cerebral Palsy Association in Alberta – **Edmonton Office**
17231, 105th Avenue
Edmonton, AB T5S 1H2
Ph#: 780.477.8030 Toll Free: 1.888.477.8030
Fax: 780.471.0855
Charitable Number: 118848654RR0001