PLEDGE SHEET

Raising Money for "West Island Crusade Against Cancer"

Name of Person pledged: _____

Complete Address: _____

Please add additional sheets if necessary.		Please print clearly so we can issue receipts as required.		$Pledged
Name:	Address:	Tel:	Postal Code:	
Name:	Address:	Tel:	Postal Code:	
Name:	Address:	Tel:	Postal Code:	
Name:	Address:	Tel:	Postal Code:	
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Name:	Address:	Tel:	Postal Code:	
Name:	Address:	Tel:	Postal Code:	
Name:	Address:	Tel:	Postal Code:	
For Office Use Only:			**TOTAL:**	
	Amount received $ _____	receiver's initial:	_____	

Cash and cheques should be included with the pledge form.

The person who collects the most pledge dollars will receive a prize!