PLEDGE FORM • Triple "A" Run/Walk

All pledges support Allergy, Asthma & Anaphylaxis Research and Education

Please Photocopy if space is insufficient.

Participant's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone: _____

NAME	ADDRESS	POSTAL CODE	PHONE	CASH/ CHEQUE	TOTAL PLEDGED
Charitable # 131-765-174-RR0001				**Total Pledges Collected:**	

Make cheques payable to: AAIA • Charitable tax receipt for donations of $15 or more.
Address must be complete and legible to process receipt • You can donate or sponsor a runner online at www.runningroom.com

Privacy Policy: The personal information you provide us is used for the purpose of maintaining contact with you. The AAIA does not sell, trade or otherwise share your information. If at any time you wish your information to be removed from our list, simply contact us by telephone at 1-888-250-2298.