





# PLEDGE FORM

Please make all cheques payable to the Alberta Diabetes Foundation.  
All donations of \$25 or more with complete contact information will be issued a tax receipt. **Please print clearly.**

First Name	Last Name	Address	City	Postal Code	Phone #	Amount Donated	Cash/CHQ Credit Card	Credit Card # / Expiry Date

FOR MORE INFORMATION, PLEASE VISIT [ALBERTADIABETESFOUNDATION.COM](http://ALBERTADIABETESFOUNDATION.COM)

CHARITABLE REGISTRATION NUMBER: 88809 8449 RR0001

