



Helping Kids with
Physical Disabilities
Succeed



OFFLINE PLEDGE FORM

SWIMMER NAME: _____ ROUTE: 1.5 K 3 K

ADDRESS: _____

CITY, PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: () _____ E-MAIL: _____

SPONSOR'S NAME AND COMPLETE ADDRESS PLEASE PRINT CLEARLY! WE CANNOT GUARANTEE A TAX RECEIPT IF INFORMATION IS NOT CLEAR.		AMOUNT PLEDGED	PAID ✓	PHYSICAL RECEIPT REQUIRED	E-RECEIPT PREFERRED
Make all cheques payable to "Easter Seals Ontario." Receipts will be issued for all donations of \$20.00 or more with a complete address.		Example: \$50.00	✓		Y
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued – full address is still required to issue receipt)					
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued – full address is still required to issue receipt)					
Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
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Last name _____ First name _____					
Apt. #/TH/Suite _____	Street Address _____ City _____ Postal Code _____				
E-mail address (required for e-receipt to be issued – full address is still required to issue receipt)					
TOTAL		\$			

TO SPONSOR A SWIMMER ONLINE PLEASE VISIT <http://www.swimforkids.org>

ADVANCE SUBMISSION OF PLEDGE FORMS OR QUESTIONS MAY BE DIRECTED TO KRISTA LECLAIR AT:

Easter Seals Ontario, 993 Princess St., Suite 102, Kingston, Ontario, K7L 1H3

Tel: 613.547.4126 ext. 221 Toll Free: 1.888.667.0043 Fax: 613.547.1608 E-mail: kleclair@easterseals.org