



Heart
NIAGARA
www.heartniagara.com



Pledge Card

- Players are encouraged to collect pledges from friends & family to help support our cause.
- Tax receipts can be issued to all sponsors for contributions worth \$25.00 or more.
- Forward payments and pledge forms prior to March 16th, 2014

Participants Name: _____ Phone: _____

PLEDGE	AMOUNT	PAYMENT RECEIVED	RECEIPT REQUIRED
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Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

☐ Cash ☐ Cheque ☐ Visa ☐ MasterCard ☐ AMEX

Card # _____ Code No. _____ Exp _____ ☐

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

☐ Cash ☐ Cheque ☐ Visa ☐ MasterCard ☐ AMEX

Card # _____ Code No. _____ Exp _____ ☐

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

☐ Cash ☐ Cheque ☐ Visa ☐ MasterCard ☐ AMEX

Card # _____ Code No. _____ Exp _____ ☐

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

☐ Cash ☐ Cheque ☐ Visa ☐ MasterCard ☐ AMEX

Card # _____ Code No. _____ Exp _____ ☐

Please make cheques payable to Heart Niagara and mail to:

Heart Niagara Inc. 6017 Valley Way, Unit A, Niagara Falls, ON L2E 1X9

Tel: 905-358-5552 Fax: 905-358-6033 Email: info@heartniagara.com www.heartniagara.com

Charitable Registration Number 107473316RR0001 cra-arc.gc.ca