

DONOR PLEDGE FORM



DATE: _____
EVENT NAME: _____

FORM:

	NAME OF SPONSOR	ADDRESS	CITY, PROV	POSTAL CODE	PHONE NUMBER	EMAIL	PLEDGE AMOUNT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

1. Donations made by cheque should be made out to **CASA Mental Health**
2. Donations over \$20 are eligible for a tax receipt
3. Tax receipts are issued via email unless otherwise requested by the donor