



Pledge Collection Form

Fundraiser's Information			
Last Name:	First Name:	Home Phone:	Cell Phone:
Address:	City, Province/State:	Postal Code/Zip Code:	Email:

Please make all cheques payable to CAP Network

If you are raising funds for another participating organization, they will be allocated accordingly.

Full address is required for issuing of Tax Receipts. Charitable Registration No. 88898 7500 RR0001

Pledge #1			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #2			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #3			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #4			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?
Pledge #5			
Name:	Complete Mailing Address:		
Email:	Donation Amount:	Cash or Cheque?	Entered in Online System?

Page ____ of ____ Total Donations Collected (this page): \$ _____

For the 2022 CAP Ride, please enter your pledges online and mail cheques to:
c/o 3 Durham St., Port Hope ON L1A 1G6