

PARTICIPANT'S NAME:	
PARTICIPANT'S ADDRESS: ( <i>Street Address, City, and Postal Code</i> )	
PARTICIPANT'S PHONE NUMBER:	
COMPANY NAME:	
TOTAL AMOUNT OF PLEDGES COLLECTED: \$	
Please send all pledges to Special Olympics Saskatchewan, 11  IF PARTICIPANT IS MAKING ONE LARGE PAYMENT FOR TOTAL AMOUNT	
	es, how will payment be made: Cash Cheque Credit Card
IF PARTICIPANT IS HANDING IN THE PLEDGES AS COLLECTED (IN SEV	/ERAL SMALL AMOUNTS):
	Total amount of cash is: \$
	Total amount of cheques is: \$
Total amo	unt of credit card payments is: \$



For additional information, please contact: Jeff Zerr, Special Olympics Saskatchewan P: 306-780-9406 E: jzerr@specialolympics.sk.ca



NAME	STREET ADDRESS	CITY/PROVINCE	POSTAL CODE	PHONE NUMBER	DONATION AMOUNT	CASH, CHEQUE OR VISA	RECEIPT REQUIRED



To be eligible for a Tax Receipt, donations must be over \$10.00 and donors full address, including postal code, must be on pledge sheet.

Tax receipts are sent out from the Special Olympics Saskatchewan Provincial Office monthly.

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