Oakville Parent-Child Centre

thank you for supporting

"Making a Difference One Hand at a Time"

PLEDGE FORM

Parent's Name	Program	Location

Child(ren) participating 1. 2. 3.

Telephone email

Donor Name	Address	Amount (cash/cheque)	Tax Receipt?
		☐ CA ☐ CQ	
		☐ CA ☐ CQ	
		☐ CA ☐ CQ	
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*Tax receipts will only be issued for individual donations over $25.00 if requested.

Total Received

OFFICE USE ONLY

Total Cash: _____ Total Cheques: _____ Receipts Mailed: ____

Total Entries into the Draw: _____ Staff Initials: _____

Please remember to indicate parent's name on back of cheques

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