



P L E D G E F O R M

ANCASTER COMMUNITY SERVICES

P L E D G E F O R M

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL:

PHONE NUMBER:

P L E D G E S

NAME:

EMAIL OR PHONE#:

ADDRESS:

PAYMENT TYPE AND INFORMATION (CASH/CHEQUE) :

TAX RECEIPT () YES () NO

AMOUNT:

NAME:

EMAIL OR PHONE#:

ADDRESS:

PAYMENT TYPE AND INFORMATION (CASH/CHEQUE) :

TAX RECEIPT () YES () NO

AMOUNT:

NAME:

EMAIL OR PHONE#:

ADDRESS:

PAYMENT TYPE AND INFORMATION (CASH/CHEQUE) :

TAX RECEIPT () YES () NO

AMOUNT:

NAME:

EMAIL OR PHONE#:

ADDRESS:

PAYMENT TYPE AND INFORMATION (CASH/CHEQUE) :

TAX RECEIPT () YES () NO

AMOUNT:

NAME:

EMAIL OR PHONE#:

ADDRESS:

PAYMENT TYPE AND INFORMATION (CASH/CHEQUE) :

TAX RECEIPT () YES () NO

AMOUNT:

TOTAL

1. Please make cheques payable to: **Ancaster Community Services (ACS)**
2. Please be sure to write **Ancaster Community Services** and **Your Name** in the memo section of the cheque.
3. Please send donations by mail to: **Ancaster Community Services, 300 Wilson Street East, Ancaster ON L9G2B9**
4. Or drop them off at: The **RACE KIT PICK UP** area on **EVENT DAY**.
5. Please print names and addresses clearly and legibly for tax receipt purposes.
6. Tax receipts will be provided for donations of \$20 or more. Charitable Number: 118786375RR001