

# 2019 Truck Convoy for Special Olympics Ontario Pledge Form

September 14, 2019 Paris, ON



Driver Name \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Tel \_\_\_\_\_

*I am participating in the Paris Truck Convoy for Special Olympics. We are raising funds for children and adults with an intellectual disability by providing sport training and competition. Will you please sponsor me by making a donation to Special Olympics Ontario today? Thank you!*

(Please Print)

| Donor Name | Address<br>(Street, City, Province, Postal Code) | Telephone/Email | Amount<br>(Please check payment method) |                                 |
|------------|--|-----------------|---|---------------------------------|
|            |  | Tel: _____      | \$ _____ .                              |                                 |
|            |  | Email: _____    | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  | Tel: _____      | \$ _____ .                              |                                 |
|            |  | Email: _____    | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  | Tel: _____      | \$ _____ .                              |                                 |
|            |  | Email: _____    | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  | Tel: _____      | \$ _____ .                              |                                 |
|            |  | Email: _____    | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  | Tel: _____      | \$ _____ .                              |                                 |
|            |  | Email: _____    | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  | Tel: _____      | \$ _____ .                              |                                 |
|            |  | Email: _____    | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |

\* Please make all cheques payable to: **Special Olympics Ontario**. Mail along with pledge form(s) to:

**Special Olympics Ontario, 65 Overlea Blvd, Suite 200, Toronto, Ontario, M4H 1P1**

. Please do not send cash through the mail. Tax receipts will only be issued for donations \$20 or greater.

[www.truckconvoy.ca](http://www.truckconvoy.ca)

Special Olympics Ontario Registered Charitable Number - 11906 8435 RR0001

| Donor Name | Address<br>(Street, City, Province, Postal Code) | Phone Number | Amount<br>(Please check payment method) |                                 |
|------------|--|--------------|---|---------------------------------|
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |  |              | \$ .                                    |                                 |
|            |  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |

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|                   |                     |                   |
|-------------------|---------------------|-------------------|
| <b>Cash: \$</b> . | <b>Cheques \$</b> . | <b>TOTAL \$</b> . |
|-------------------|---------------------|-------------------|