

# 2019 Truck Convoy for Special Olympics Ontario Pledge Form

September 21, 2019 Brampton, ON



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

Company \_\_\_\_\_

Email \_\_\_\_\_

Tel \_\_\_\_\_

*I will be participating in the GTA Truck Convoy for Special Olympics in September. We are raising funds for children and adults with an intellectual disability by providing sport training and competition. I need your help. Will you please sponsor me by making a tax deductible donation to Special Olympics Ontario today? Thank you!*

(Please Print)

Donor Name	Address (Street, City, Province, Postal Code)	Telephone/Email	Amount (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"/>
		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



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

Donor Name	Address (Street, City, Province, Postal Code)	Phone Number	Amount (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"/>
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			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>	.
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