



# PLEDGE FORM A

## CHEQUE DONATIONS

Participant's name \_\_\_\_\_

School/Parish \_\_\_\_\_

Date of Fast \_\_\_\_\_

City/Town, Province \_\_\_\_\_

PLEASE WRITE IN CAPITAL LETTERS

THINKfast is a program of the

**Canadian Catholic Organization for Development and Peace**

Tel: 1-800-494-1401

Please make cheques payable to: **DEVELOPMENT AND PEACE**

FIRST NAME 	LAST NAME 	ADDRESS 	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 									
FIRST NAME 	LAST NAME 	ADDRESS 	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 									
FIRST NAME 	LAST NAME 	ADDRESS 	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 									
FIRST NAME 	LAST NAME 	ADDRESS 	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 									
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TELEPHONE 									
FIRST NAME 	LAST NAME 	ADDRESS 	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
TELEPHONE 									





# PLEDGE FORM B

## CASH DONATIONS

PLEASE WRITE IN CAPITAL LETTERS

FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>
FIRST NAME           TELEPHONE           -	LAST NAME 	ADDRESS                     	EMAIL ADDRESS           @	CITY 	PROVINCE 	AMOUNT \$	POSTAL CODE 	TAX RECEIPT PLEASE <input type="checkbox"/>	INFO MONTHLY GIVING <input type="checkbox"/>