

Fundraiser Information			
First Name		Last Name	
Street Number	Street Name	Suite/Unit Number	
City/Town	Province	Postal Code	
Telephone Number		Email	
Fundraising Organization			

Fundraiser is responsible for keeping information recorded on this pledge sheet confidential until submitted to fundraising organization.

Pledge Information			
First Name		Last Name	
Street Number	Street Name	Suite/Unit Number	
City/Town	Province	Postal Code	
Telephone Number	Email	Pledge \$	

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Pledge Sheet Number	Total amount pledged on pages 1 & 2	
	Total Amount Pledged on previous sheets	
	Total Amount Pledged	

KINDLY RETURN THIS PLEDGE WITH YOUR FUNDS COLLECTED TO NORTH YORK SENIORS CENTRE C/O ARLENE DE VERA AT 21 Hendon Ave, Toronto, ON, M2M 4G8 | Questions: adevera@nyseniors.org or 416 733.4111 ext. 221