



# PLEDGE SHEET

**INSTRUCTIONS:** Make cheques payable to Peel Children's Centre.

**RECEIPTS:** Will be issued for **donation of \$20** or more if requested. Donor's name and address must be completed and legible.

**BOWLERS:** Please include Team Name, Bowler's Name and hand in completed package at the event

## Thursday, May 23, 2019

### Classic Bowl

3055 Dundas Street W., Mississauga

Team Name: \_\_\_\_\_  
 Bowler's Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 \*\* FREE REGISTRATION for each bowler who raises \$125 or more in pledges\*\*

**OFFICE USE ONLY:**  
**TEAM #:** \_\_\_\_\_  
**LANE #:** \_\_\_\_\_

**PLEASE PRINT CLEARLY: Name, Address, Phone Number, Email Address, Pledge Amount**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C.: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Pledge Amount: \_\_\_\_\_ Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C.: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Pledge Amount: \_\_\_\_\_ Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C.: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Pledge Amount: \_\_\_\_\_ Paid: \_\_\_\_\_

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 Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C.: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Pledge Amount: \_\_\_\_\_ Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C.: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Pledge Amount: \_\_\_\_\_ Paid: \_\_\_\_\_

**AMOUNT COLLECTED:**

**CASH:** \_\_\_\_\_ **CHEQUES:** \_\_\_\_\_