



Peel Children's Centre

9th Annual Cosmic Bowl

May 9, 2013



Please Print Clearly

Pledge Form

Salutation	Sponsor's Name	Address	City	Postal Code	Telephone	E-Mail	Amount of \$	Collected (Y/N)	Receipt (Y/N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Total Pledges Collected:

Signature: _____

Date: _____

Bowler's Name: _____

Company: _____

Full Address: _____

City: _____ Province: _____ Postal Code: _____

E-Mail: _____

Telephone: _____

Team Name: _____

Please make all cheques payable to Peel Children's Centre

A \$20 minimum donation is required for a tax receipt unless requested.

ALL CONTACT INFORMATION is required in order to be eligible for a tax receipt.

Thank-you for your contribution! Total funds submitted by participant must be collected prior to the event.

Please contact Katie Pipitone at 905-795-3500 x2294 or kpipitone@peelcc.org for more information.



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Salutation	Sponsor's Name	Address	City	Postal Code	Telephone	E-Mail	Amount of \$	Collected (Y/N)	Receipt (Y/N)
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Peel Children's Centre respects your privacy. We do not sell, trade or share your personal information. Our mailing lists are confidential. We use your personal information to keep you informed about fundraising and volunteer opportunities, as well as for statistical and quality improvement purposes. You can withdraw your consent at any time.