

Easter Seals Ontario's National AccessAbility Week Kick-off

OFFLINE DONATION FORM

*This is not a Registration Form. You must complete a REGISTRATION FORM to register for the event.

Total Cash	Total Cheques		Number of Pledge Forms		Total \$ Collected				
Participant Information: Please print clearly. *Denotes	mandatory in	ormation							
*First Name				*Last Name					
*Address			*City/Province	*	*Postal Code				
*Telephone Number	ail Address								
Donor Information: Tax receipts will be issued for s incomplete or illegible. <i>Plea</i>					d if donor in	formation			
First Name	Last Name			Pledge	e Amount	Paid YES / NO			
Address				City/Province	Postal Code				
Telephone Number	Email	Address			Tax Receipt Required YES / NO		d		
First Name Last Nam			Pledo			ge Amount Paid YES / NO			
Address				City/Province	F	Postal Code	110		
Telephone Number Email Address					Tax Receipt Required YES / NO				
					_	•			
First Name	Last Name		Pledge Amount		Paid YES / NO				
Address				City/Province	F	Postal Code	,		
Telephone Number	Email	Email Address				Tax Reco			
						YES	S / NO		

Donor Information:

Tax receipts will be issued for donations of \$20.00 or more. A tax receipt cannot be issued if donor information is incomplete or illegible. *Please make all cheques payable to Easter Seals Ontario*

	Last Name		Pledge Amount		mount	Paid YES / NO
		City/Province		Pos	tal Code	
Email A	ddress	Tax Receipt Required YES / NO				d .
	Last Name		Pledge Amount		mount	Paid YES / NO
		City/Province		Pos	tal Code	
Email Address			Tax Receipt Required YES / NO			
rst Name		Last Name		Pledge Amount Paid YES / NO		
		City/Province		Pos	tal Code	110
Email Address			Tax Receipt Required YES / NO			
	Last Name		Pled	dge A	mount	Paid
						YES / NO
	City/Province		Postal Code			
Email A	Address				Tax Reco	d .
	Email A	Email Address Last Name Email Address Email Address	Email Address Last Name City/Province Email Address City/Province Email Address City/Province City/Province	City/Province Email Address Please Last Name Please Last Name Please City/Province Email Address Please City/Province City/Province Please City/Province Please Pl	Email Address Last Name Pledge A City/Province Pos Email Address City/Province Pos Email Address Pledge A City/Province Pos Email Address Pledge A City/Province Pos City/Province Pos	Email Address City/Province Postal Code Tax Rec Required YES Last Name Pledge Amount City/Province Postal Code Tax Rec Required YES City/Province Postal Code City/Province Pledge Amount City/Province Postal Code Email Address Tax Rec Required YES Last Name Pledge Amount City/Province Postal Code Postal Code City/Province Postal Code Postal Code City/Province Postal Code Postal Code Postal Code City/Province Postal Code

Please submit all cash and cheque pledges, along with your completed Offline Pledge Form, at race kit pick-up or mail to address below. Check out EasterSealsRun.com for location and times.

Upper Canada Mall Easter Seals 10k & 5k Run & 5k Walk & Roll
Attn: Andrea Peterson
135 Bayfield St.,
Barrie, ON L4M 3B3
705-797-2675 0r Toll-free 1-800-461-3391