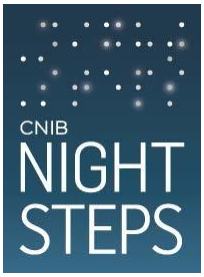
Night Steps Pledge Form



Participant Information

Name: _____

Team Name (if team donation): _____

Donations:

Donor Name: _____ _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

☐ Cash ☐ Cheque ☐ VISA ☐ MasterCard ☐ Amex

Name on card: _____

Card number: | | | | | | | | | | | | | | | | |

CVV number: | | | | Expiration date: /

Total Amount: $ _____ Signature: _____

Donor Name: _____ _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

☐ Cash ☐ Cheque ☐ VISA ☐ MasterCard ☐ Amex

Name on card: _____

Card number: | | | | | | | | | | | | | | | | |

CVV number: | | | | Expiration date: /

Total Amount: $ _____ Signature: _____

Tax receipts will be automatically issued for donations of $15 or more; others upon request.
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