



\*FORM WITH \$50+ IN PLEDGED FUNDS MUST BE  
 SUBMITTED BY FRIDAY, MAY 26, 2017 TO QUALIFY  
 FOR A FREE SPRINT SENIOR CARE DRI-FIT T-SHIRT.

# TORONTO CHALLENGE PLEDGE SHEET

## Fundraiser Information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		Email	
Fundraising Organization SPRINT Senior Care			

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

## Pledge Information ALL FUNDS PLEDGED, INCLUDING ONLINE DONATIONS, MUST BE CAPTURED HERE.

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

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

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

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

FUNDRAISE OVER \$50? SELECT YOUR SPRINT SENIOR CARE  
 DRI-FIT T-SHIRT SIZE:

XS   S   M   L   XL   XXL



# TORONTO CHALLENGE PLEDGE SHEET

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

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

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

Pledge Sheet Number: _____	Total amount pledged on page 1 & 2	\$
	Total amount pledged on previous sheets	\$
	<b>Total Amount Pledged</b>	<b>\$</b>

**PLEASE RETURN THIS PLEDGE FORM WITH YOUR FUNDS COLLECTED TO YOUR TORONTO CHALLENGE REPRESENTATIVE**

Fundraiser Signature	Date (yyyy-mm-dd)
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### Office Use Only

Total Amount Received	Date (yyyy-mm-dd)	Verified by
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Long-Term Care Homes & Services collects personal information on this form under the authority of The Income Tax Act, R.S.C. 1985 c.1 (5th Supp.) s 118.1 (1) and (2) (a), The City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s.136 (c), The Long-Term Care Homes Act, S.O. 2007, Chapter 8, s 70 (1) and (2) and The City of Toronto By-Laws: 1076-2006 and 1448-2012. The information is used for the collection of outstanding pledge amounts, provide notification of upcoming programs, issue tax receipts from the fundraising organization for the Toronto Challenge, and to otherwise contact participants as required. Email will only be used to provide notification of upcoming programs and will not be used to communicate any information related directly to your donation or income tax related matters. Questions about this collection can be directed to the Coordinator, Special Projects & Events, Metro Hall, 55 John Street, 11th floor, Toronto, ON M5V 3C6 or by telephone at 416-392-9392.

24-0207 2017

QUESTIONS ABOUT THIS FORM? CONTACT SPRINT SENIOR CARE'S COMMUNICATIONS & DEVELOPMENT DEP'T: 416-481-6411 EXT. 248 OR TRISHA.FIALHO@SPRINTSENIORCARE.ORG