



10th Annual *Bats for a Cause* Pledge Form

Team Name: _____

Fundraising Champion Information

Name:	Telephone:
Address:	Email:
City:	Postal Code:

Signature of champion: _____ Date: _____

Donor Information:

First Name:	Address:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Last Name:	City/Prov:	\$	Credit Card #: / / /
	Postal Code:		Expiry Date: /
	Phone:		Signature:
First Name:	Address:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Last Name:	City/Prov:	\$	Credit Card #: / / /
	Postal Code:		Expiry Date: /
	Phone:		Signature:
First Name:	Address:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Last Name:	City/Prov:	\$	Credit Card #: / / /
	Postal Code:		Expiry Date: /
	Phone:		Signature:
First Name:	Address:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Last Name:	City/Prov:	\$	Credit Card #: / / /
	Postal Code:		Expiry Date: /
	Phone:		Signature:
First Name:	Address:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Last Name:	City/Prov:	\$	Credit Card #: / / /
	Postal Code:		Expiry Date: /
	Phone:		Signature:
Cheques should be made payable to: BC Children's Hospital Foundation		TOTAL <i>Thank you!</i>	We raise money to help sick children get better.

