



## 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:
<b>Cheques should be made payable to:</b>	<b>TOTAL</b>		<b>Thank you for helping kids shine.</b>
Bats for a Cause			