



PLEDGE FORM: Please make pledges payable to CMHA - Calgary Region and mail by June 14 to: *Mat's Ride, Box 43015, 1221 Canyon Meadows Drive SE, Calgary AB T2J 7A7.*

Participant - please fill in your name, address, phone and e-mail address below:

First Name	Last Name	Phone #	E-mail address
Street address	City	Prov.	Postal Code

Pledges:					Amount	Receipt?
1	First name	Last Name	Phone #		\$	Y N
	Street address		City	Prov.	Postal Code	E-mail
	Card #	Expiry	Name on card		Cash	Cheque
					X _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	First name	Last Name	Phone #		\$	Y N
	Street address		City	Prov.	Postal Code	E-mail
	Card #	Expiry	Name on card		Cash	Cheque
					X _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	First name	Last Name	Phone #		\$	Y N
	Street address		City	Prov.	Postal Code	E-mail
	Card #	Expiry	Name on card		Cash	Cheque
					X _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	First name	Last Name	Phone #		\$	Y N
	Street address		City	Prov.	Postal Code	E-mail
	Card #	Expiry	Name on card		Cash	Cheque
					X _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	First name	Last Name	Phone #		\$	Y N
	Street address		City	Prov.	Postal Code	E-mail
	Card #	Expiry	Name on card		Cash	Cheque
					X _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	First name	Last Name	Phone #		\$	Y N
	Street address		City	Prov.	Postal Code	E-mail
	Card #	Expiry	Name on card		Cash	Cheque
					X _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	First name	Last Name	Phone #		\$	Y N
	Street address		City	Prov.	Postal Code	E-mail
	Card #	Expiry	Name on card		Cash	Cheque
					X _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>