



**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:

<b>First Name</b>	<b>Last Name</b>	<b>Phone #</b>	<b>E-mail address</b>	
<b>Street address</b>	<b>City</b>	<b>Prov.</b>	<b>Postal Code</b>	

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