PLEDGE FORM

THE SCOTIABANK TORONTO WATERFRONT MARATHON

SUNDAY SEPTEMBER 26, 2010

Canadian Pain Coalition

PLEDGE FORM FOR: *Name of Team Member:* _____

PLEASE PRINT CLEARLY

NAME	STREET ADDRESS	CITY	PROV	POSTAL	PHONE #	$ AMOUNT	CHQ/CASH

Chairitable Tax Receipts issued for donations of $20.00 or more

Do not send Cash. Cheques made payable to "**Canadian Pain Foundation**"

Total Credit Cards: _____(from Donation Form)

Total Cheques and Cash: _____

Total for Pledge Form: _____

For more information about Pennies for Pain please visit www.canadianpaincoalition.ca

THANK YOU FOR YOUR DONATION