KERRY'S HEAD FOR THE HILLS

PLEDGE FORM 2025

PARTICIPANT NAME:

#	Donor Name (First & Last)	Full Address (Street, City, Province, Postal Code)	Tax Receipt (Y/N)	Amount
1				$
2				$
3				$
4				$
5				$
6				$
7				$
8				$
9				$
10				$

THANK YOU FOR SUPPORTING THE BRAIN INJURY ASSOCIATION OF NIAGARA!

TOTAL ON PAGE	$

PLEASE PRINT CLEARLY!

- DONORS NAME & FULL ADDRESS IS REQUIRED TO ISSUE A TAX RECEIPT
- ONLY DONATIONS OF $20 OR MORE WILL BE RECEIPTED
- CHEQUES PAYABLE TO BRAIN INJURY ASSOCIATION OF NIAGARA

BRING ALL DONATIONS COLLECTED ON RACE MORNING