KERRY'S HEAD FOR THE HILLS

PARTICIPANT NAME:

PLEDGE FORM

#	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!

- Donor's name & full address are 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 DAY