



Croquet *in the City*

September 17th, 2017

Pledge Form

Name _____ Address _____

City _____ Province _____ Postal Code _____ Phone _____ Email _____

Tax receipts will be issued for \$20 or more unless otherwise requested. Donor's full name and address must be clearly printed on the form below. All cheque should be made payable to New Visions Toronto, 250 The Esplanade, Suite 101, The Mill, Toronto, ON.

Raise \$1000 dollars and we will waive your entrance fee.

Raise \$5000 dollars and we will waive your entrance fee, AND, you will receive your own personal croquet mallet.

First Name	Last Name	Email Address	Mailing Address	Amount Pledged	Received
Totals					

I hereby give permission for photos to be used for reporting the event and for promotional purposes.

Signature of Participant: _____ Signature of Parent/Guardian _____
(if under 18 years old)