Jason Zelward Physical Challenge

Name _____

Team Name _____

Phone _____

Email _____

Pledge Form- All funds from the Annual Jason Zelward Physical Challenge supports the work of the Compassionate Grief Centre.

Tax receipts will be issues for donations of $10 or more *(Full address/ email address is required to give donation receipt)*

Sponsor/ Donor	Pledge	Paid	Mailing Address (Required)	Email (Required)
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			

Sponsor/ Donor	Pledge Amount	Paid	Mailing Address (Required)	Email (Required)
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			