



A TURNING POINT  
FOR WOMEN



## Pledge Form

Last Name:  
Address:  
Postal Code:

First Name:  
City:  
Phone No.:

SPONSOR NAME	MAILING ADDRESS	EMAIL	PAYMENT TYPE	TAX RECEIPT (MIN. \$20 DONATION)	CREDIT CARD # (ALL 16 DIGITS)	EXPIRY	AMOUNT
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$
			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	<input type="checkbox"/>			\$

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