Event Location:__________ **Team Name:**__________ **Team Captain Name:**__________

IMPORTANT:
1. Print clearly
2. Make cheques payable to Arthritis Research Foundation
3. A tax receipt will be issued for donations of $20 or more
4. Please do not include donations you received online
5. For any help, questions or comments please contact: 416-586-4800 x8205 or info@powerofmovement.ca **powerofmovement.ca**

PARTICIPANT INFORMATION

☐ Ms. ☐ Mr. ☐ Mrs. ☐ Dr. First Name: __________ Last Name: __________

☐ Home ☐ Business Company Name (if applicable): __________ Address: __________

City: __________ Province: __________ Postal Code: __________ Phone: __________ Email: __________

☐ Registered on website ☐ Register at event

☐ $20 Registration fee

PLEDGES

#					AMOUNT	PAID [✓]
1	FIRST NAME	LAST NAME	PHONE ( )		○ CASH	$	○
	APT. # ADDRESS	CITY	PROV POSTAL CODE		○ CHEQUE		
	EMAIL	CREDIT CARD #	EXPIRY DATE MM/YY	OPT OUT* ○	○ CREDIT CARD		
2	FIRST NAME	LAST NAME	PHONE ( )		○ CASH	$	○
	APT. # ADDRESS	CITY	PROV POSTAL CODE		○ CHEQUE		
	EMAIL	CREDIT CARD #	EXPIRY DATE MM/YY	OPT OUT* ○	○ CREDIT CARD		
3	FIRST NAME	LAST NAME	PHONE ( )		○ CASH	$	○
	APT. # ADDRESS	CITY	PROV POSTAL CODE		○ CHEQUE		
	EMAIL	CREDIT CARD #	EXPIRY DATE MM/YY	OPT OUT* ○	○ CREDIT CARD		
4	FIRST NAME	LAST NAME	PHONE ( )		○ CASH	$	○
	APT. # ADDRESS	CITY	PROV POSTAL CODE		○ CHEQUE		
	EMAIL	CREDIT CARD #	EXPIRY DATE MM/YY	OPT OUT* ○	○ CREDIT CARD		
5	FIRST NAME	LAST NAME	PHONE ( )		○ CASH	$	○
	APT. # ADDRESS	CITY	PROV POSTAL CODE		○ CHEQUE		
	EMAIL	CREDIT CARD #	EXPIRY DATE MM/YY	OPT OUT* ○	○ CREDIT CARD		

I would like to pay the balance of my outstanding pledges in full by:
☐ Cash ☐ Cheque ☐ Credit Card

Expiry Date ___ /___ Balance Paid $ ________ Signature __________

OFFICE USE ONLY

CASH $__________ CHEQUE $__________

CREDIT CARD $__________ INITIALS __________

TOTAL COUNTED $ __________

SHEET TOTAL: $

Total from all pledge forms $__________

Total raised online $__________

GRAND TOTAL Collected $ __________

*Opt Out: The Arthritis Research Foundation (ARF) collects personal information requested on this form to communicate about ARF and its fundraising activities.
If you wish to optout of receiving information from the Arthritis Research Foundation, please check the above or contact us at 416-586-4800 x8205

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