



**Lansdowne**

Children's Centre Foundation

**7<sup>th</sup> Annual Charity  
Motorcycle Ride**

In support of Every Kid Counts

**Pledge Form**

*Thank you for making a difference in the lives of children and youth with special needs. You're giving our kids opportunity, hope and wonderful memories to last a lifetime!*

Please note that only monies handed in on the day of the event will be eligible for prizes.

**RIDER:**

Male  Female (optional) Years participated in Ride: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Bus. Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Class:  Cruiser  Touring  Police  Sport  Ghost

PLEASE PRINT CLEARLY						Amount Pledged	Amount Collected	Amount Outstanding
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code		cc: VISA M/C # _____ expiry: ____/____/____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code		cc: VISA M/C # _____ expiry: ____/____/____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code				
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code		cc: VISA M/C # _____ expiry: ____/____/____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
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<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code		cc: VISA M/C # _____ expiry: ____/____/____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
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<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code		cc: VISA M/C # _____ expiry: ____/____/____		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Last Name	First Name				Tel. #			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Street Address	City	Prov.	Postal Code				
<p>Please make cheques payable to the <b>“Lansdowne Children’s Centre Foundation”</b></p> <p>Receipts will be issued and mailed following the event for donations of \$20.00 or more that include a complete and legible name and address. CHARITABLE REGISTRATION #11881-6883-RR0001</p>						<b>GRAND TOTAL</b>		