



# Pledge Form

**1 IN 5** STRUGGLE WITH MENTAL HEALTH  
**LIFT THE STIGMA. LIFT LIVES.**



Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Team: (if on team) \_\_\_\_\_

NAME: Mr. John Sample	PHONE: (123) 456-7890	GIFT AMOUNT: \$50	<input type="checkbox"/> CASH
APT: 222 ADDRESS: 11 Sample Street			<input checked="" type="checkbox"/> CHEQUE
CITY: Sampletown POSTAL CODE: N 1 A 1 N 2	EMAIL: janedoe@gmail.com		
NAME:	PHONE:	GIFT AMOUNT:	<input type="checkbox"/> CASH
APT: ADDRESS:			<input type="checkbox"/> CHEQUE
CITY: POSTAL CODE: [ ][ ][ ][ ][ ][ ][ ][ ][ ]	EMAIL:		
NAME:	PHONE:	GIFT AMOUNT:	<input type="checkbox"/> CASH
APT: ADDRESS:			<input type="checkbox"/> CHEQUE
CITY: POSTAL CODE: [ ][ ][ ][ ][ ][ ][ ][ ][ ]	EMAIL:		
NAME:	PHONE:	GIFT AMOUNT:	<input type="checkbox"/> CASH
APT: ADDRESS:			<input type="checkbox"/> CHEQUE
CITY: POSTAL CODE: [ ][ ][ ][ ][ ][ ][ ][ ][ ]	EMAIL:		
NAME:	PHONE:	GIFT AMOUNT:	<input type="checkbox"/> CASH
APT: ADDRESS:			<input type="checkbox"/> CHEQUE
CITY: POSTAL CODE: [ ][ ][ ][ ][ ][ ][ ][ ][ ]	EMAIL:		

### Fundraising tips:

- \* Collect gifts online! Create and share your fundraising page with your supporters
- \* Ask your company for a corporate gift
- \* Ask your employer about matching gifts

Subtotal  
 (this page) \$ \_\_\_\_\_  
 GRAND TOTAL  
 (ALL PAGES) \$ \_\_\_\_\_

Fundraiser name: \_\_\_\_\_

Phone: \_\_\_\_\_

NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
NAME:		PHONE:		GIFT AMOUNT:	<input type="checkbox"/> CASH
APT:	ADDRESS:				<input type="checkbox"/> CHEQUE
CITY:	POSTAL CODE:	<input type="text"/>	EMAIL:		
<b>HOW TO SUBMIT YOUR GIFTS</b>				<b>SUBTOTAL (THIS PAGE)</b>	\$ _____

**1. Make all cheques payable to Lutherwood Child and Family Foundation.**

Credit Card gifts can be made online on your fundraising page at [www.lutherwoodstepsforforkids.ca](http://www.lutherwoodstepsforforkids.ca)

**2. Submit donations by mail or in person to:**

Lutherwood Child and Family Foundation.  
285 Benjamin Road, Waterloo, ON N2K 4A3

**Please do not mail cash.**

**3. Gifts of \$10 and above are eligible for a tax receipt.**

Lutherwood Child and Family Foundation respects your privacy. We do not rent, sell, or trade our mailing lists. The information you provide will be used to keep you informed and up to date on the activities of the organization and to ask for your continued support. If at any time you wish to be removed from these contacts, or would like more information about donor privacy, please call us at 519-884-1470



Charitable Registration Number  
10765 0194RR0001