

PLEDGE FORM	METHOD OF PAYMENT	AMOUNT DONATED
	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	
	()	\$

NAME OF SPONSOR _____ TELEPHONE NUMBER _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

CREDIT CARD # _____ EXPIRY DATE _____ EMAIL ADDRESS _____

SIGNATURE _____ I WOULD PREFER NOT TO BE REGULARLY UPDATED ABOUT THE WORK OF TEEN CHALLENGE

** A receipt for income tax purposes will be issued by Teen Challenge for donations of \$10 or more

TEEN CHALLENGE PAINTBALL TOURNAMENT • MARK OUT ADDICTION

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