Pedal 100 FOR HEART AND STROKE

An Initiative of the Fit For Heart Program

Pledge Form

Submit your total pledges when you pick up your participant ID on August 19th or send by August 31st to Heart and Stroke Foundation of Ontario, 300 Bunting Road, Unit 3, St. Catharines, ON L2M 7X3.

Include your prize selection (on opposite page) when submitting your total pledge dollars collected. Please do not mail cash. Tax receipts will be issued for donations of $10 or more.

Photocopy as required for additional sponsors. Pledges are based on participation, not kilometers.
Please print clearly. Complete sponsor names, addresses, and postal codes are required for receipting purposes.

LAST NAME: | | | | | | | | | | | | | | | | | | | | FIRST NAME: | | | | | | | | | | | | | | | | | | | |

ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | APT#: | | | | | | | | |

CITY/TOWN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | POSTAL CODE: | | | | | | | |

TELEPHONE: HOME ( ) BUSINESS ( ) EMAIL:

SPONSOR'S NAME	ADDRESS	CITY	POSTAL CODE	PLEDGED	COLLECTED	CASH/CHQ
Example: Mary Smith	123 Anywhere St.	Anytown	B1B 2Z2	$20	$20	Cash

PLEASE PRINT CLEARLY.
THE HEART AND STROKE FOUNDATION
CANNOT GUARANTEE A TAX RECEIPT
IF INFORMATION IS NOT CLEAR.

FOR OFFICE USE ONLY

Please accept my total pledge submission of $__________cash $_________cheques.
Please accept my partial pledge submission of $__________; (I will forward $__________at a later date.)
(When submitting partial payment, please highlight sponsors who have not paid.)
Please make cheques payable to: *Heart and Stroke Foundation of Ontario*

FOR OFFICE USE ONLY

PRIZE PICKED UP: ○ YES ○ NO ○ PARTIAL

DATE: M D Y

INITIALS:

OUTSTANDING PRIZES:

"We are committed to protecting the privacy of your personal information. The Heart and Stroke Foundation may maintain a record of your interaction for customer service, marketing, and tax receipting purposes, where required. Occasionally, we may contact you with mission-related communication. Should you wish not to receive this information, or have any questions or concerns regarding the privacy of your personal information, please write to: The Chief Privacy Officer, at your provincial Heart and Stroke Foundation office, or through www.heartandstroke.ca/privacy."

Your Rewards for Pledge Raising

Fund Raising Thank You Prizes

This is the Heart and Stroke Foundation's way of saying thank you for your support.

Now offering more choice!
Maintenant un plus grand choix!

Please send me the following prize(s):

Please indicate your prize choices based on monies raised.

1

Polycarb Sport Bottle
Level 1 – $50

2

Microfibre Suede Sports Towel
+ Ploycarb Sorts Bottle
Level 2 – $100

3

Silk Weight Technical Shirt w/Wick-Away Action
+ PolyCarb Sport Bottle
+ Microfibre Suede Sport Towel
Level 3 – $175

4

Deluxe Lunch Pack
+ Polycarb Sport Bottle
+ Microfibre Suede Sport Towel
Level 4 – $300

5

Mini CD/MP3 Speakers (iPod not included)
+ Polycarb Sport Bottle
+ Microfibre Suede Sport Towel
Level 5 – $500

6

9 Piece Stay Fit Workout Kit
+ Polycarb Sport Bottle
+ Microfibre Suede Sport Towel
Level 6 – $1000

7

Heys Carry On Case with luggage tag
+ Polycarb Sport Bottle
+ Microfibre Suede Sport Towel
Level 7 – $2000

Fundraisers earn great prizes for participating in a Fit for Heart event.
By collecting $50 in pledges (Level 1), you receive the Polycarb Sport Bottle.

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Four easy ways to register

#1 MAIL
Heart & Stroke Foundation of Ontario
300 Bunting Road, Unit 3
St. Catharines, ON
L2M 7X3

#2 FACSIMILE
905-938-8811

#3 TELEPHONE
905-938-8800

#4 IN PERSON
(AUGUST 19 ONLY)

Methods of Payment

You may pay by: Mastercard, Visa, American Express or cheque. Cash in person only. Please make cheque payable to The Heart and Stroke Foundation of Ontario.

*see registration form for fees

Registration Form

One entry form per person. Please fully complete registration information and ensure that the waiver on the back is signed and dated. No refunds.

REGISTRATION FEES: $25/person until July 1st $30/person July 2nd until August 19th

LAST NAME: | | | | | | | | | | | | | | | | | | | | | FIRST NAME: | | | | | | | | | | | | | | | | | | | | |

ADDRESS/APT#: | | | | | | | | | | | | | | | | | | | | CITY/TOWN: | | | | | | | | | | | | | | | | | | | | |

PROVINCE: POSTAL CODE:

TELEPHONE: HOME ( ) BUSINESS ( ) FAX: HOME ( )

EMAIL:

ROUTE CHOICE: ❍ 30KM ❍ 60KM ❍ 100KM ❍ 160KM ❍ 200KM

PAID BY: ❍ VISA ❍ MASTERCARD ❍ AMERICAN EXPRESS ❍ CHEQUE ❍ CASH

CARD NUMBER ______________________ EXPIRY DATE ______________

CARDHOLDER NAME ______________________ CARDHOLDER SIGNATURE ______________________