



Team Name _____

Individual Name _____

Sponsor Name	Mailing Address	Email	Phone #	Card Payment Type	Credit Card #	Expiry Date	Amount Pledged
				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque			

Please print this form off and bring the filled-out form and pledge amounts with you to draft night to be entered and added to your total fundraising amount