

2020 Guardians Half Marathon & 5 KM Pledge Form



Participant Name _____

Address _____ Tel _____

Email _____

I am participating in the 2020 Guardians Half Marathon & 5 KM! We are raising funds for children and adults with an intellectual disability by providing sport training and competition. I need your help. Will you please sponsor me by making a tax deductible donation to Special Olympics Ontario today? Thank you!

(PLEASE PRINT CLEARLY)

| Donor Name | Address (Street, City, Province, Postal Code) | Telephone/Email | Amount (Please check payment method) | |
|------------|--|-----------------|---|---------------------------------|
| | | Tel: | \$. | |
| | | Email: | Cash <input type="checkbox"/> | Cheque <input type="checkbox"/> |
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| | | Email: | Cash <input type="checkbox"/> | Cheque <input type="checkbox"/> |

Please make all cheques payable to: **Special Olympics Ontario*

www.guardianshalfmarathon.com

Special Olympics Ontario Registered Charitable Number - 11906 8435 RR0001

(Continued Over)

| Donor Name | Address (Street, City, Province, Postal Code) | Phone Number | Amount (Please check payment method) | |
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|-------------------|---------------------|-------------------|
| Cash: \$. | Cheques \$. | TOTAL \$. |
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