



10|10|10



Official Charity Pledge Program

# Victoria Marathon

Sunday, October 10th, 2010

Marathon | Half Marathon | 8K Road Race  
**THRIFTY FOODS™ Kids Run & Marathon**



1-888-479-9811  
 www.choicesadoption.ca

						Amount Pledged	Paid (✓)		
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	EXPIRY DATE M M / Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	\$ _____	
STREET ADDRESS _____									
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	EXPIRY DATE M M / Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	\$ _____	
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FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	EXPIRY DATE M M / Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	\$ _____	
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FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	EXPIRY DATE M M / Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	\$ _____	
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STREET ADDRESS _____									

Pledge Collector: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Sheet Totals	\$ _____	\$ _____
FOR OFFICE USE ONLY		Total \$ _____