



Rider Name: _____
 Team Name: _____
 Distance: _____

Donor's full address is required for tax receipts
 Cheques are payable to **Hope Awaits Ministries**
 Donations less than \$20 will not be receipted.

PLEDGE FORM

AMOUNT

Donor name			
Address	City	Postal	
Donor name			
Address	City	Postal	
Donor name			
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Donor name			
Address	City	Postal	
Donor name			
Address	City	Postal	



Address: 390 First Ave E. North Bay, Ontario, P1B 1K1
Charitable Number: 82714 6036 RR0001
Email: contactus@hopeawaitsministries.com
Phone: 705-494-5465

Total: