



DONATION PLEDGE FORM

*Please note that Distress Centres requests full names and full addresses to issue tax receipts to donors

ORGANIZATION/GROUP NAME: _____

PARTICIPANT NAME: _____

FULL NAME	STREET ADDRESS	CITY	PROV.	POSTAL CODE	PLEDGE AMOUNT	TAX RECEIPT NEEDED	PAID
<i>ex. Riley Smith</i>	<i>123 Avenue Street, Unit 12</i>	<i>Toronto</i>	<i>ON</i>	<i>A1B 2C3</i>	<i>\$50.00</i>	✓	✓

Address: Distress Centres, Box 243, Adelaide P.O., Toronto, Ontario M5C 2J4
www.torontodistresscentre.com | info@torontodistresscentre.com | Tel: (416) 598.0292 | HELP line: (416) 404-4357
Charitable Registration #: 10702 1016 RR0001

Distress Centres strongly discourages youth from going door-to-door to collect pledges unless accompanied by an adult.