Shawnigan Lake Adventure

presented by Peninsula Co-op

Sunday, June 1, 2014

Pledge Form

hosted by Cowichan Family Caregivers Support Society

PARTICIPANT NAME _____ **I AM PARTICIPATING TO HONOUR** _____

** Thank you for your generosity. TAX RECEIPTS will be given for pledges of $15 or more, provided contact information is both legible and complete.*

NAME (please print clearly)	MAILING ADDRESS	TOWN/CITY	PROV	POSTAL CODE	PHONE	PLEDGE $	PAID

Please fill in this form and return it together with your **PLEDGE MONEY** to the Registration Table at the Adventure.

All funds raised support caregiving families in our communities.

We sincerely thank you for your participation! See you again next year!

phone 250-743-7621

www.shawniganlakeadventure.com

TOTAL PLEDGES $