



Participant/Team Name: \_\_\_\_\_

# Hustle for the House Pledge Form

Tax receipts will be issued for donations \$20 and higher if tax receipt is indicated. Tax Receipts will be issued if complete address is provided. Please include all cash and cheques with this form when you drop off. Please make all cheques payable to Ronald McDonald House Charities® Alberta.

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Donor's Name	Mailing Address		Pledge Amount
Phone Number	Email Address	<input type="checkbox"/> I would like to receive E-updates from RMHC Alberta	Date Received
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card			Tax Receipt:
Name on Card	Card Number	Expiry (mm/yy)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Donor's Name	Mailing Address		Pledge Amount
Phone Number	Email Address	<input type="checkbox"/> I would like to receive E-updates from RMHC Alberta	Date Received
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card			Tax Receipt:
Name on Card	Card Number	Expiry (mm/yy)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Donor's Name	Mailing Address		Pledge Amount
Phone Number	Email Address	<input type="checkbox"/> I would like to receive E-updates from RMHC Alberta	Date Received
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card			Tax Receipt:
Name on Card	Card Number	Expiry (mm/yy)	<input type="checkbox"/> Yes <input type="checkbox"/> No