



Give Where You Live Pledge Form

Raising Funds That Stay Local and Make a Difference

First Name: _____ Last Name: _____

Address: _____ Apt.: _____ City: _____ Province _____

Postal Code: _____ Home Tel: _____ Bus Tel: _____

Email Address: _____ Age Range (Optional): Under 18 18-24 25-39 40-64 65+
 Gender (Optional): Male Female

SCHOOL PARTICIPANTS ONLY: SCHOOL NAME: _____ CLASS/HOMEROOM: _____

PARTICIPANT: Shaving, cutting their hair & raising money. **SUPPORTER:** Raising money only.

Tax receipts will be issued for \$20 or more, unless otherwise requested, if the donor's name and address is clearly printed and complete on the form below.
 All cheques made payable to: **Camp Trillium** Charitable Registration No. 131599060 RR0001

In addition to raising funds to fight childhood cancer I pledge to ride my bike _____ kilometers.

First Name	Last Name	Home Address	City/Prov	Postal Code	Pledge	Collected	Donation Type		Receipt
Chris	Doe	123 Main Street	My Town, ON	A1B 2C3	\$20	✓	<input checked="" type="checkbox"/> cash	<input type="checkbox"/> cheque	123456
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
							<input type="checkbox"/> cash	<input type="checkbox"/> cheque	

Respect your privacy. Camp Trillium collects your personal information in order to process your donation and to issue tax receipt. The provision of age and gender information is optional and used only for internal marketing and statistical purposes. This information will not be used to market products and/or services to you. If you would like to receive more information about Camp Trillium and their programs, visit camptrillium.ca. If you would like to find out more information about Give Where You Live, visit gwul.ca.

OFFICE USE ONLY	
Total \$ Received	
Total \$ Non-Received	
Total Pledges	

Total Pledges	\$ _____
Total Collected:	\$ _____
Balance Remaining:	\$ _____
Outstanding Received:	\$ _____



Give Where You Live

Working together to make a difference

You are making our community stronger

Your participation in the **Give Where You Live** campaign helps raise money for causes that impact people in our community ultimately supports not-for-profit organizations with tangible local benefits.

This year the money raised will be directed to Camp Trillium's OuR Island, which is located off the shores of Wellington in Prince Edward County. This camp is for children with cancer and their families and has become truly a 60-acre island oasis where kids facing tremendous obstacles can simply be kids.

Please see GWUL.ca or CampTrillium.com to find out more information or to contact us directly. Thank you for taking the time to help us make this community a better place!



Participant Waiver/Release Agreement

By participating in the Give Where You Live event, I waive and release any and all claims for my-self, heirs, executors and administrators against all sponsors, officials and organizers of Give Where You Live and Camp Trillium for injury, illness or death which may directly or indirectly result from my participation in this event. I have read and fully understand and agree with the contents of this Waiver/Release prior to participation in the Give Where You Live event.

I grant permission to the Give Where You Live crew to photograph and videotape me in the course of my fundraising and to use my name and any photographs and videotapes of me to promote the program in any media and territory in perpetuity. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to participant in the event and contribute to the activities of the Give Where You Live organization. If a participant is under 18 years of age, then a parent/guardian must sign this Agreement on the participants' behalf.

By signing below, you acknowledge that the information provided is true and accurate, that you have read and understand this volunteer agreement and have read and will abide by the EFFA code.

Name of participant _____ Phone Number _____

Signature: _____ Date: _____

We respect your privacy. Camp Trillium collects your personal information in order to process your registration and to keep you informed. We may also contact you from time to time with information about other ways you can help. If you prefer not to receive this kind of communication from us, or to obtain more information about our privacy practices:

www.camptrillium.com; phone: 1-905-527-1992; e-mail: FionaF@camptrillium.com