

## **2019 PLEDGE FORM**

Register and raise donations online at uwgta.org/up2019 or collect pledges using this form and bring it to the event.

Sponsor yourself, and ask your friends, family, co-workers and neighbours to pledge your climb. Collect pledges in advance. Make a copy of your pledge form and bring it to the event.

Please indicate w	hich event you ar	e registering for to e	nsure you r	receive the proper	wristband. I will	be participatiı	ng in:
∃Saturday Student (N	Nov. 2) 🛮 Saturday P	ublic (Nov. 2) 🗖 Sunday	Corporate-Ad	ult (Nov. 3) 🗖 Sunday	Corporate-Youth (No	ov. 3) Participan	t ID
First Name:			Last Name:				Gender:
Home Address:				City:		Prov:	Postal Code:
Home Address: Home Email:				Home Pl	hone:		Year of Birth: YYYY
To flave fullus	-	npany/agency/school's Ur	nited Way cam	paign, please indicate	name here.		
	your forms & don			Teller ins	tructions		
<ol> <li>Bring cash/cheque donations and forms to any TD Bank branch</li> <li>Get forms bank stamped by a TD teller</li> <li>DO NOT Leave forms at the TD Bank</li> <li>Make copies of all forms for your records</li> <li>Submit your forms:         <ul> <li>Pre event day – mail or drop your forms at: 26 Wellington St E, 12t ON M5E 152, or</li> <li>on event day – submit forms at registration table</li> </ul> </li> <li>Notes:         <ul> <li>TD Bank will not process credit cards. All credit cards will be process</li> <li>TD Bank will not issue any tax receipts. Tax receipts will be issued by</li> </ul> </li> </ol>				The contect of the form of the		TD BANK STAMP HERE	
Release and Waive	er of Liability In ord	ler to collect pledges offlir	ne you must alı	ready be registered onl	ine. By doing so, you	have agreed to th	ne Release and Waiver of Liabil
First Name	Last Name	Address	City F	Prov Postal Code	Payment Type		Email – For Tax Receipt
John	Smith	123 My St		ON A1B 2C3	Cash/Cheque/Credit	card \$20	john@johnsmith.com
Credit card #: X X >	<u> </u>	XXXX	Type: \	/isa/MC/AMEX Expiry	y Date: / Phone:		Signature:
1.							
Credit card #: /	/ / / / / /	/ / / / / / /	/ / Type:	Expiry Da	ate: / Phone:		Signature:
2.							
Credit card #: /	/ / / / / /	/ / / / / / /	/ / Type:	Expiry Da	ate: / Phone:		Signature:
3.							
Credit card #: /	/ / / / / /	/ / / / / / /	/ / Type:	Expiry Da	ate: / Phone:		Signature:
4.							
Credit card #: /	/ / / / / /	/ / / / / / /	/ / Type:	Expiry Da	ate: / Phone:		Signature:
5.							
Credit card #: /	/ / / / / /	/ / / / / / /	/ / Type:	Expiry Da	ate: / Phone:		Signature:
pledge) require a ful	ll name and complete	ed Way Greater Toronto. e mailing address, includi s we process the funds.	ng postal coc	de. If a valid email ad	dress is provided,	TOTAL (this pa	
		ectronic tax receipting as				GRAND TOTA	L
I wish to pledge my	self \$	onations to my credit card  I wish to pay all my do  #: / / / /	onations by ca				my credit card \$Signature:





Climber Check-In Location: Metro Toronto Convention Centre, Hall A, North Building, 255 Front St. W. All participants are required to check in to this location prior to climbing the Tower.