



Interim Place Community Event Pledge/Collection Sheet

Name of Company: _____
Event Organizers Name(s): _____
Date of Event: _____

INSTRUCTIONS (Please Print all Information Clearly)

1. Complete Name and Address is required to process tax receipts.
2. Please note tax receipts are issued for donations of \$10.00 or more.
3. Cheques are payable to Interim Place.

Please Print Clearly Thank You!

NAME (FIRST AND LAST)	STREET ADDRESS	UNIT/APT	CITY	POSTAL CODE	AMOUNT PLEDGED	AMOUNT RECEIVED	INITIAL IF PAID
Sample: John Smith	123 Oak Street	#45	Oakville	H0H 1A2	\$10	\$10	<i>JS</i>
Total cheque and/or cash donations:							