

IN SUPPORT OF

**ONTARIO
SPCA**
AND HUMANE SOCIETY

Pledge Form

IMPORTANT INSTRUCTIONS

1. Fill out which Ontario SPCA location you want to support at the top of this form. Donations will be directed to the animal centre of your choice.
2. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
3. Please do not send cash in the mail. We accept cheques or credit card information.
4. Please ensure all totals add up correctly on the "Grand Total" line.
5. Please print clearly and make all cheques payable and mail to:

Ontario SPCA & Humane Society
16586 Woodbine Avenue, Stouffville, ON L4A 2W3



I would like to support the following Ontario SPCA location with my fundraising:

- | | |
|--|--|
| <input type="checkbox"/> Ontario SPCA Barrie Animal Centre | <input type="checkbox"/> Ontario SPCA Orangeville & District Animal Centre |
| <input type="checkbox"/> Humane Society of Durham Region | <input type="checkbox"/> Ontario SPCA Orillia Animal Centre |
| <input type="checkbox"/> Ontario SPCA Leeds & Grenville Animal Centre | <input type="checkbox"/> Ontario SPCA Renfrew Animal Centre |
| <input type="checkbox"/> Ontario SPCA Lennox & Addington Animal Centre | <input type="checkbox"/> Ontario SPCA Stormont, Dundas & Glengarry Animal Centre |
| <input type="checkbox"/> Markham Cat Adoption & Education Centre | <input type="checkbox"/> Ontario SPCA Sudbury & District Animal Centre |
| <input type="checkbox"/> Ontario SPCA Midland & District Animal Centre | <input type="checkbox"/> Ontario SPCA York Region Animal Centre |
| <input type="checkbox"/> Ontario SPCA Muskoka Animal Centre | <input type="checkbox"/> Ontario SPCA Marion Vernon Memorial Animal Clinic, Barrie |

HOST INFORMATION

Please fill out this section with your information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

By providing your email address, you are agreeing to be emailed by your chosen local SPCA or humane society.

I am a Youth Participant (18 and under): Yes No

EVENT NAME:

EVENT WAIVER

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of the **Ontario SPCA & Humane Society**, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the Ontario SPCA rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/ or injuries incurred during or leading up to the event.

Hosting an event is undertaken at your own initiative and with the full permission, support and appreciation of the Ontario SPCA. In the event that the Ontario SPCA becomes aware of any false, incorrect or misleading information, the organization may revoke this Authority in its absolute discretion.

All youth participants (18 or under) must have a parent/guardian sign on their behalf. By signing this waiver, you agree to the terms listed under the Tax Receiving Guidelines.

Signature

Date

TAX RECEIPTING GUIDELINES

All donors must agree to the terms listing under these tax receipting guidelines:

- Tax receipts will only be issued for donations of \$25 or more, by the Ontario SPCA
- Tax receipts cannot be issued to the participant for the unreceipted portion of the funds collected on behalf of their donors.

NAME		PHONE ()		E-MAIL		DONATION AMOUNT	
ADDRESS		CITY		PROV		POSTAL CODE	
CARD NUMBER / /		EXPIRY DATE		SIGNATURE		\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card	
NAME		PHONE ()		E-MAIL		DONATION AMOUNT	
ADDRESS		CITY		PROV		POSTAL CODE	
CARD NUMBER / /		EXPIRY DATE		SIGNATURE		\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card	
NAME		PHONE ()		E-MAIL		DONATION AMOUNT	
ADDRESS		CITY		PROV		POSTAL CODE	
CARD NUMBER / /		EXPIRY DATE		SIGNATURE		\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card	
NAME		PHONE ()		E-MAIL		DONATION AMOUNT	
ADDRESS		CITY		PROV		POSTAL CODE	
CARD NUMBER / /		EXPIRY DATE		SIGNATURE		\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card	
NAME		PHONE ()		E-MAIL		DONATION AMOUNT	
ADDRESS		CITY		PROV		POSTAL CODE	
CARD NUMBER / /		EXPIRY DATE		SIGNATURE		\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card	
NAME		PHONE ()		E-MAIL		DONATION AMOUNT	
ADDRESS		CITY		PROV		POSTAL CODE	
CARD NUMBER / /		EXPIRY DATE		SIGNATURE		\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card	

THANK YOU FOR YOUR SUPPORT!

If you would like to pay your pledges using your credit card please fill out the following:

Credit Card# _____

Expiry (MM/YY) _____ Signature _____ Balance Paid \$ _____

Subtotal of donations on this form
\$ _____

Donations collected from donors
not requiring tax receipts
\$ _____

Online Donations
\$ _____

GRAND TOTAL
*add numbers above
\$ _____



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Stouffville, ON L4A 2W3

1-888-668-7722
ontariospca.ca
Charitable Registration No. #88969-1044-RR0002