

10th Annual Ride for Hearth Place Motorcycle Ride



First Name: _____ Last Name: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Phone: (____) _____ Email: _____

This form may be photocopied. Visit our website at www.hearthplace.org/ride for online donations.

All cheques made payable to Hearth Place Cancer Support Centre. Tax receipts will be issued for donations of \$20 or more where all mailing information is complete. Please print clearly.

	First Name	Last Name	Address	City	PR	Postal Code	Telephone #	Pledge Amt	Payment Method	Credit Card No. & Expiry
1								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
2								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
3								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
4								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
5								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
6								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
7								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
8								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
9								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /
10								\$	Cash / Chq/ Visa / MC/ AmEx	Expiry: /

Total Money Collected: \$ _____ Pledge Sheet _____ of _____ (if more than one)



Hearth Place Cancer Support Centre
 86 Colborne St. West, Oshawa L1G 1L7 Tel: 905-579-4833 Fax: 905-579-1204
www.hearthplace.org; email events@hearthplace.org
 Federal Charitable No. 89280 8478 RR0001

Office Use Only:
 Received by: _____
 Amount collected: _____