MCC Cyclathon Pledge Form



Rider Name:						
Mailing Address:						
Phone:		Email:	Email:			
Use this foAll donatioNote: SubrQuestions	rm to record donor informused the control of \$20 or more will be not this sheet and all pay	mation and submit with proceeds. Please receipted. ments collected at the MCC Cyclathor recht Thiessen at 604.850.6639 / 1.88	ase print carefully.	ride.		
Donor Name (include middle initial)	Address	City, Province	Postal Code	Amount		
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	Phone	Email (optional)	·	□ Cash □ Cheque □ Credit card		
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Donor Name (include middle initial)	Address	City, Province	Postal Code	Amount
	Phone	Email (optional)		Cash Cheque Credit card