



**WSN's 2010 "Walk For Safe and Healthy Communities...Ending Sexual Violence, One Step at a Time"**

**PLEDGE COLLECTION FORM**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency Affiliation (if applicable): \_\_\_\_\_

**DONATION COLLECTOR INFORMATION**

Donor Name <i>(Please print clearly)</i>	Address City, Province	Postal Code	Phone #	Amount of pledge \$	PAID Cash or cheque	Receipt Request (over \$20)
<b>Total Collected:</b>					<b>\$</b>	

Donor Name <i>(Please print clearly)</i>	Address City, Province	Postal Code	Phone #	Amount of pledge \$	PAID Cash or cheque	Receipt Request ed (over \$20)
<b>Total Collected:</b>					\$	

### Terms and Conditions for Take Back the Night Pledges

1. Monies and cheques to be collected on June 6<sup>th</sup>, 2010 at start or end of the walk.
2. Cheques are to be made payable to Women's Support Network of York Region.
3. A charitable tax donation will be given for donation over \$20.
4. Please provide full name and mailing address in order for the tax receipt to be issued.

**Please make cheque payable to the Women's Support Network. Minimum amount of \$20.00 raised, required for tax receipt.**