



PLYWOOD CUP

Saturday June 17th, 2017, Granville Island

Pledge Sheet

Corporate Name: _____

Team Name: _____

Contact Name: _____ Phone: _____

Email Address: _____

Note: Tax Receipts will be issued for donations of \$25 or more. Name and address must be complete and legible for receipts to be issued. Thank you.

Name PLEASE USE FULL NAME (tax reasons)	Address / Email Address Complete with postal code if requesting a tax receipt	Amount Pledged	✓ Tax Receipt
Joseph Blow Not Joe Blow	123, High Street, Vancouver, B.C. V1A 6R7 joeblow@hitmail.com		

