



Presented by new balance



Charity Pledge Program

GoodLife Fitness Victoria Marathon

Sunday, October 9, 2011

Marathon | Half Marathon | 8K Road Race
Thrifty Foods Kids Run & Marathon

						Amount Pledged	Paid (✓)	
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	\$ _____	
STREET ADDRESS _____								
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	\$ _____	
STREET ADDRESS _____								
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	\$ _____	
STREET ADDRESS _____								
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	\$ _____	
STREET ADDRESS _____								
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	\$ _____	
STREET ADDRESS _____								
FIRST NAME _____		LAST NAME _____		AREA CODE _____	PHONE _____	CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	\$ _____	
STREET ADDRESS _____								

Pledge Collector: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone: (H) _____ Fax: _____ Email: _____ Website: _____

Sheet Totals	\$ _____	\$ _____
FOR OFFICE USE ONLY		Total \$ _____