



Helping Kids with
Physical Disabilities
Succeed

CELEBRITY HOCKEY CLASSIC PLEDGE FORM



Make all cheques payable to "Easter Seals Ontario."
Please ensure complete address provided and check receipt preference.

TOURNAMENT: _____

TEAM NAME: _____

PARTICIPANT NAME: _____

TELEPHONE: () _____ **E-MAIL:** _____

PLEASE COMPLETE DONORS NAME AND COMPLETE ADDRESS EVEN IF WE ARE ISSUING AN E-MAIL RECEIPT. PLEASE PRINT CLEARLY WE CANNOT GUARANTEE A TAX RECEIPT IF INFORMATION IS NOT CLEAR.				AMOUNT DONATED	PAID ✓	PHYSICAL RECEIPT PREFERRED	E-RECEIPT PREFERRED
				Example: \$50.00	✓		Y
Last name		First name					
Apt. #/TH/Suite	Street Address	City	Postal Code				
E-mail address (required for e-receipt to be issued)							
Last name		First name					
Apt. #/TH/Suite	Street Address	City	Postal Code				
E-mail address (required for e-receipt to be issued)							
Last name		First name					
Apt. #/TH/Suite	Street Address	City	Postal Code				
E-mail address (required for e-receipt to be issued)							
Last name		First name					
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E-mail address (required for e-receipt to be issued)							
Last name		First name					
Apt. #/TH/Suite	Street Address	City	Postal Code				
E-mail address (required for e-receipt to be issued)							
TOTAL				\$			

Please choose only one method for your tax receipt. Tax receipts can be emailed if the donor's e-mail address is provided and they opt for an e-receipt, otherwise the tax receipt will be mailed post-event.

Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, ON M3C 3N6
For more information, please contact hockey@easterseals.org or visit celebrityhockeyclassics.com.