



**Supporting Team METRAC for the STWM
2016**

Donor Information (please print or type)

Name _____

Billing address _____

City, ST, Postal
Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: now monthly quarterly
yearly.

I (we) plan to make this contribution in the form of: cash cheque credit card other

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make cheques, corporate matches,
or other gifts payable to:

Supporting Team METRAC for the STWM
2016
158 Spadina Road
Toronto, ON, M5R 2T8