

2010 Walk Pledge Form



1 800 668 6868
KidsHelpPhone.ca
Kids Help Phone

Walker Information: Preferred Language: English French I registered online. My online registration number is: _____

Ms. Mr. Mrs. Dr. I've walked before: Yes No I am a student: Yes No Site: _____

First Name: _____ Last Name: _____

Home Address Address: _____ City: _____
(eg. 300 - 439 University Ave.)

Business Address Province: _____ Postal Code: _____ Tel: _____ - _____ - _____

For Internal User Only Email: _____

Team Information: My Employer/Company/School/Club Name: _____

Team Name: _____ Team Captain Full Name: _____

Do NOT record online pledges on this form. Bring pledge form with you on event day. Please make cheques payable to Kids Help Phone. Tax receipts will be issued automatically for pledges of \$20 or more if the full address has been provided and is legible. Tax receipts will not be issued for self-pledges.

From time to time we communicate with our supporters. If you do not wish to receive future communications from Kids Help Phone, please call us at 1-800-268-3062 and we will be pleased to comply. Charitable registration # 13000 5846 RR 0001

BMO Bank of Montreal Customer Service Instructions

1. Help participant to complete an FPCS deposit form (cheques and cash only-cheques do not have to be listed individually on the form).
2. Stamp the form in the "Banker's Stamp" box and record the total amount of the deposit received on the line provided in the box.
3. From the Customer Service Main screen, select the FirstBank Cash Concentrator (FCCS)/FirstBank Bill Payment (FBPS) Customer radio button to key the transaction.
4. Key in **Credit Conc ID 8530, Outlet Number 1**, and in the Addendum Field, the participant's name.
5. Return the pledge form to the participant.

Banker's stamp

Total Pledges Deposited (cheques and cash only)
\$ _____

Sal.	First Name	Last Name	Mailing Address For Tax Receipts (Apartment or Suite # - Street#, Street Name, City, Province and Postal Code)	Telephone Number Credit Card Number (if pledging by credit card)	Expiry Date	Amount Pledged	Amount Collected	Recp't Req'd
Mr.	Pat	Sample	222 - 55 Sample Street Sample Town, ON M 5 M 5 M 5	1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6	07/10	\$50	\$50	✓
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I would like to pay the balance of my outstanding pledges in full by:

Cash Cheque Credit Card

Expiry Date ____ / ____ Balance Paid \$ _____ Signature _____

FOR G4S USE ONLY

Total Coins \$ _____ Total Cheques \$ _____
Total Cash \$ _____ Initials _____
Total Counted by G4S \$ _____
(If \$0 put \$0)

Total number of pledge forms submitted _____

TOTAL COLLECTED from all pledge forms \$ _____

ONLINE TOTAL from fundraising summary \$ _____

GRAND TOTAL COLLECTED = \$ _____

AMOUNT COLLECTED