



Pledge Form - June 26, 2022

Participant Name:

Thank you for joining the movement to break the stigma and raise awareness and acceptance of people living with mental illness!

Collect all cash and cheque donations, along with completed pledge forms, and bring them in an envelope to your Ride Don't Hide registration table on event day or forward them to your local Canadian Mental Health Association branch hosting the ride in your community. Pledges and donations \$20+, along with all information completed, will receive a tax receipt. To find a ride or donate using credit card, visit www.ridedonthide.com.

Please make cheques payable to:

Canadian Mental Health Association, Windsor-Essex County Branch (CMHA-WECB) CRA 10686 4036 RR0001

Name:					Amount: \$		
	last		first				
Address:	atus at						
	street	city		postal code	·		
		•		-	•		
Name:				A	amount: \$		
	last		first				
Address:	street	city	province	nostal code	phone number		
Email:	Jucci	·					
		•			. — —		
Name:				A	.mount: \$		
	last		first				
Address:	street	city		postal code	phone number		
		•			·		
Name:				A	amount: \$		
	last		first				
Address:	street		— — — —	nostal sodo	nhana numbar		
	street	city	province	postal code	phone number		
Email:		Pavment:	\square Cash \square C	heaue T	ax Receipt? 🔲 Yes 🔲 N		

Name:					Amo	unt: \$
	last		first			
Address:						
	street	city	province	postal co	de	phone number
	last		first			
Address:						
	street	city	province	postal co	de	phone number
	last		first			
Address:						
	street	city	province	postal co	de	phone number
			Amount: \$			
	last		first			
Address:						
	street	city	province	postal co	de	phone number
Email:		Payment:		-		-
	last		first			
Address:						
	street	city	province	postal co	ode	phone number
		•				· — —
	last		first			
Address:						
	street	city	province	postal c	ode	phone number
Email:		Payment	: Cash] Cheque	Tax	Receipt? 🔲 Yes 🔲 No