

FORMULAIRE OFFICIEL DE COMMANDITE • CHIP À VÉLO POUR ADOS • DIMANCHE 30 NOVEMBRE, 2008

NOM

TÉL BUREAU

ADRESSE

TÉL MAISON

VILLE

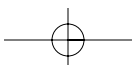
CODE POSTAL

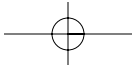
COURRIEL

NOM DU COMMANDITAIRE (caractères d'imprimerie)	ADRESSE	TÉLÉPHONE	N° CARTE DE CRÉDIT (le cas échéant) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Exp.: ____ / ____	\$
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Des reçus d'impôt seront remis pour les dons de 20 \$ ou plus.

MONTANT TOTAL RECUEILLI





OFFICIAL PLEDGE FORM • CHIP SPIN FOR TEENS • SUNDAY, NOVEMBER 30, 2008

NAME _____

BUSINESS TEL _____

ADDRESS _____

HOME TEL _____

CITY _____ POSTAL CODE _____

EMAIL ADDRESS _____

DONOR NAME (Please print clearly)	ADDRESS	TELEPHONE	CREDIT CARD NUMBER (If applicable)	\$
			<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Exp.: ____ / ____	
			<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Exp.: ____ / ____	
			<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Exp.: ____ / ____	
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Tax receipts will be issued for donations of \$20 or more.

TOTAL COLLECTED

