

FORMULAIRE OFFICIEL DE COMMANDITE • CHIP À VÉLO POUR ADOS • DIMANCHE 29 NOVEMBRE 2009

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 <input type="checkbox"/> AmEx Exp.: ____ / ____ | \$ |
|--|---------|-----------|---|----|
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
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| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |

Des reçus d'impôt seront remis pour les dons de 20 \$ ou plus.

MONTANT TOTAL RECUEILLI

Les commandites et le paiement de l'inscription doivent être séparés

OFFICIAL PLEDGE FORM • CHIP SPIN FOR TEENS • SUNDAY, NOVEMBER 29, 2009

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 <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |
| | | | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmEx Exp.: ____ / ____ | |

Tax receipts will be issued for donations of \$20 or more.

TOTAL COLLECTED

Please keep pledges separate from your registration payment.