Pledge Form

cooking with CAPRA

If donating online, please go directly to: trilliumgiving.ca/CookingWithCapra

Participant Last Name: _____ Participant First Name: _____ Company Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Email: _____

Please print clearly. We cannot guarantee a tax receipt if information is not complete and clear. **(Please photocopy this pledge form for more sponsors)**

SPONSORS NAME	ADDRESS	CITY	POSTAL CODE	AMOUNT PLEDGED

All pledge money must be submitted directly to:
Trillium Health Partners Foundation
89 Queensway W, Suite # 800, Mississauga, ON L5B 2V2

Cheques payable to Trillium Health Partners Foundation.
Official tax receipts will be issued for donations of $25 or more.

Trillium Health Partners Foundation

Total amount collected on this page $_____

Total amount from all other pages $_____

Total amount raised online *(if applicable)* $_____

Total Pledges $_____

All pledges to be received by **May 20, 2021** to qualify.