



Pledge Form

Pledges are based on participation. Please complete information below. Sponsor name, address, postal code and phone number is required for receipt purposes. Tax receipts will be issued for pledges of \$20 or more. Photocopy this sheet as required for additional sponsors. Please make all cheques payable to: **MLSE Foundation, 50 Bay st. Suite 500. Toronto, ON M5J 2L2.** Please kindly write the name of the event at the bottom of the cheque.

Participant Information

First Name: _____ Last Name: _____

Mailing Address: _____ Suite/Apt No.: _____

City: _____ Province: _____ Postal Code: _____

Sponsor Information

Sponsor Name	Address	City	Prov.	Postal Code	Telephone	Email	Pledge

Thank you for supporting The MLSE Team Up Challenge. Please accept my total pledge submission of \$ _____
Phone: 416-815-5400 x. 2049 | Email: Kelley.Still@MLSE.com | Charitable Number: 896114048RR0001