

ORBIS *Pull for Sight* - Vancouver

Saturday May 15, 2010

PLEDGE FORM



Title: Mr. Mrs. Ms. Participant's First Name:

Participant's Last Name:

Address (Street, Unit):

City:

Province:

Sponsor's Name (First, Last)	Address (Street, City, Province)	Phone/Email	Amount Pledged
Postal Code:	Phone Number:	E-mail Address:	
		E:	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		Expiry Date: __ / __ / __	
		P:	
		E:	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		Expiry Date: __ / __ / __	
		P:	
		E:	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		Expiry Date: __ / __ / __	
		P:	
		E:	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		Expiry Date: __ / __ / __	
		P:	
		E:	

ORBIS Canada envisions a world in which no one is needlessly blind, where quality eye care, education, and treatment are available to every human being. Please return all pledge forms and monies to: ORBIS Canada, 340 College St., Unit 375, Toronto, Ontario, M5T 3A9.

Thank you for supporting ORBIS Canada. Together we can save sight worldwide.

Charitable Registration Number | 886490 994 RR0001

PAGE _____ of _____ PAGE TOTAL: \$ _____ GRAND TOTAL: \$ _____