



# Dance for Hope *supporting Julliette's Place since 2016*

Saturday October 21, 2017

## PLEDGE FORM

\* Tax receipts will be issued for all pledges of \$20.00 or more  
 \* Complete mailing address required for issuing of Tax receipt  
 Gather a team and create an online fundraising page at  
[www.canadahelps.org](http://www.canadahelps.org)  
 and encourage your friends to support your dance-a-thon

**PARTICIPANT'S INFORMATION:** **Please complete in full:** Information will be used for processing receipts and communication as relevant

**\*Each Participant must collect a minimum of \$150 in Pledges to Participate\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_  Home  Bus. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POS. CODE	AMT. \$	TAX RECEIPT	
							YES	NO
<b>TOTAL AMOUNT \$</b>								

Please make cheques payable to **Julliette's Place, 31 Tapscott Rd., P.O. Box 37529, Toronto, ON, M1B 5P9**  
 Tel: **416-724-7322 ext.237** \* Fax: **416-724-1357** \* [www.juliettesplace.org](http://www.juliettesplace.org) \* [scornelissen@juliettesplace.org](mailto:scornelissen@juliettesplace.org)  
**Waiver:** In submitting this pledge form, I acknowledge that I understand the intent thereof and hereby agree to absolve and hold harmless Julliette's Place, its sponsors, organizations and any other parties affiliated with this event in any way alone or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the Dance for Hope (in support of Julliette's Place). I hereby grant permission to Julliette's Place to use any portion of my appearance and/or name and likeness as photographed for use in future marketing, advertising and promotional materials.