Pledge Form If donating online, please go directly to **www.bike4betty.com**

SAVE TIME! *Drop off your pledges on Saturday May 29 from 10:00am to 4:00pm at GEARS Bike Shop 176 Lakeshore Rd W, Mississauga.*

Last Name: _____ First Name: _____
Address: _____ City: _____ Prov.: _____
Postal Code: _____ Telephone: _____ E-Mail: _____

(Please photocopy pledge form for more sponsors)

Please print clearly. Trillium Health Centre Foundation cannot guarantee a tax receipt if information is not complete and clear.

Sponsor's Name	Address	City	Postal Code	Amount Pledged

All pledge money must be submitted by day of event or submitted directly to
Trillium Health Centre Foundation, Clinical and Administrative Building,
Trillium Health Centre – Mississauga, 100 Queensway West, Mississauga, ON L5B 1B8

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

Total amount collected on this page $ _____
Total amount from all other pages $ _____
Total amount raised online (If applicable) $ _____
TOTAL PLEDGES $ _____