



Pledge Form

Camper Name: _____

Donor First & Last Name	Home/Mailing Address	Email Address	Donation Amount	Cash or Cheque?	Anonymous? (Y/N)	Paid?
<i>Katherine McParland</i>	<i>653 Victoria St.</i>	<i>Katherine@awayhomekamloops.com</i>	<i>\$50</i>	<i>Cash</i>	<i>N</i>	<input checked="" type="checkbox"/>

REGISTERED CHARITABLE #: 754319689RR0001

*** Please write clearly so we can make sure your donee receives their tax receipt.

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