



Participant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Pledge Amount: \_\_\_\_\_  PAID  Tax Receipt? (if over \$10)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Pledge Amount: \_\_\_\_\_  PAID  Tax Receipt? (if over \$10)

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Pledge Amount: \_\_\_\_\_  PAID  Tax Receipt? (if over \$10)

**TOTAL PLEDGES:**

Please make cheques payable to 'FAB Foundation'  
All proceeds benefit the FAB Girls 5k program

Participant Name: \_\_\_\_\_

Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)
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Address: _____	Postal Code: _____
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Name: _____	Phone Number: _____
Address: _____	Postal Code: _____
Pledge Amount: _____	<input type="checkbox"/> PAID <input type="checkbox"/> Tax Receipt? (if over \$10)

**TOTAL PLEDGES:**

Please make cheques payable to 'FAB Foundation' All proceeds benefit the FAB Girls 5k Challenge Program

Pledge forms can be:

- (i) Mailed to: FAB Foundation, 762 Upper James Street, Suite 178, Hamilton, ON L9C 3A2
- (ii) Turned in at the registration desk on race day.