## Pledge Form

Fundraiser's Name:		Company:	
Address:		City:	Prov:
Postal Code:	Phone (home);	Phone (cell):	
Email Address:			

## INFORMATION MUST BE COMPLETE AND LEGIBLE TO RECEIVE A TAX RECEIPT.

Tax receipts will be issued for donations of \$20 or more. Please consider an e-mail receipt option by providing your email address below. Not only are you helping the environment, you are helping us allocate more funds to programs. All cheques should be made payable to: Alice House.

Credit card donations can be made online at alicehouse.ca/donate

Fundraising Event Name:		
Fundraising Event Location (or online):	V	

"I often sit down and think about my life and where I would be in my life without the wonderful people and great support team that I have found with Alice House. Alice house has been my rock they have shown me what it is like to always have choices in my life

Former client

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PHONE	EMAIL	DONATION	TYPE
Cheryl	Smith	123 Main Street	Halifax	NS	M5K 0G0	902-123-4567	csmith@hotmail.com	\$250	□CASI
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Make all cheques payable to: <b>Alice House</b> . Please mail this form along with all donations to: Alice House, P.O. Box 333, Dartmouth, NS, B2Y3Y5					O. Box 333,	TOTAL PLEDGES		1	
					_	TOTAL COLLECTED			
		ecting the privacy and the perso	1				BALANCE REMAINING		

personal information you share with us will be used to process your donation and to provide you with more opportunities to support our life-saving work. Your information will not be sold, traded or rented to any organization.

Charitible Registration Number 11929 8693 RR001

## THANK YOU FOR YOUR GENEROSITY.

Your generosity means the world to everyone who turns to Alice House — because safety and healing are within reach with supporters like you.