HEART BREAKER
HEARTBREAKERCHALLENGE.COM
TAKE THE CHALLENGE

HÔTEL-DIEU GRACE
HEALTHCARE

CHANGING LIVES TOGETHER foundation

HEART BREAKER CHALLENGE PLEDGE FORM

Please print clearly, tax receipts are issued for pledges of $20 or greater.
Donor's name and address must be complete and legible.
Please make all cheques payable to "Changing Lives Together Foundation".
Return completed pledge sheets with ALL money collected when picking up your event packet .
Please contact heartbreakercontact@gmail.com by May 5 2019 if eligible for pledge prizes of $75, $350, $750 or $2000.

NAME : _____

PHONE # _____

DONOR'S NAME	DONOR'S ADDRESS	CITY	POSTAL CODE	PLEDGE
			TOTAL PLEDGES	

Charitable Registration # BN 791387699 RR0001