



2026 Roll for Impact Boccia Classic

Fundraising Pledge Form

Team Name _____

First Name _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Bus Phone: _____

Email: _____

Instructions and Notes:

- Tax receipts will be issued for all donations over \$20 with a complete name and valid address
- Donations under \$20 will be receipted upon request
- All cheques should be made payable to: **Belleville General Hospital Foundation**

First and Last Name	Address, City, Postal Code	Email/Phone	Donation Amount	Payment Method	Collected
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>

Outstanding Pledges: \$

Balance Remaining: \$

Total Collected: \$

