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2025 Brunch, Bid & Bowl Pledge Form

Bowler's Last Name:		First Name:					
Team Name : Mailing Address (Street, Apt, City, Postal Code):							
All proceeds to support the work of Birchway Niagara. Charitable registration Number 131135717 RR0001. Please make cheques payable to Birchway Niagara. Receipts will be issued for donations of \$20 or more to donors who provide complete, legible address information.							
Sponsor Name	Street Address, Unit Number	City	Postal Code	Phone #	Email Address	Pledge Amount (check if collected)	Receipt Issued
John Smith	123 Somewhere St., Unit 2	Anywheretown	A2A 2A2	(200) 000- 000	me@me.com	\$20.0℃ [™]	
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							ffice us
							se only
							•
					Total offline		Staff /
					pledges enclosed		volunteer initial
Total online pl	edges + Total offlin	e pledges end	closed =	Fundra	aising Gr	and To	otal!
I confirm that th 2025 Brunch, Bio	e total offline pledges liste d & Bowl event.	ed above includ	es all fund	s that I have o	collected offlir	ne as a parti	cipant in th

Date: _____ Participant/Guardian Signature: ___