Sample Pledge Form – NB Lung | Poumon NB

DIY Event Name:

Event Organizer (Name, phone/email): _____

Charitable receipts for income tax purposes will be issued for donations of \$10 and greater, if requested. All contact information including name, mailing address, phone number and email must be recorded. Please submit the tracking sheet with the proceeds from your event to: **New Brunswick Lung, 132 Main St, Unit 2 (Lower Level), Fredericton NB, E3A 1C7**. Please see <u>http://www.cra-arc.gc.ca/chrts-gvng/chrts/prtng/gftng-rcptng-eng.html</u> for complete receipting guidelines.

NAME	STREET ADDRESS	CITY/PROV	POSTAL CODE	PHONE NUMBER	EMAIL	DONATION AMOUNT	CASH OR CHEQUE	RECEIPT REQUIRED (Y/N)