



# Ontario Polar Plunge Pledge Form

Participant  
Name

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Address

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Tel

Email

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*I will be participating in the Ontario Polar Plunge! We hope to raise funds for children and adults with an intellectual disability by providing sport training and competition. I need your help. Will you please sponsor me by making a tax-deductible donation to Special Olympics Ontario today?*

**Thank you!**

**(PLEASE PRINT CLEARLY)**

| Donor Name | Address<br>(Street, City, Province, Postal Code) | Telephone/Email | Amount<br>(Please check payment method) |                                 |
|------------|--------------------------------------------------|-----------------|-----------------------------------------|---------------------------------|
|            |                                                  | Tel:            | \$ .                                    |                                 |
|            |                                                  | Email:          | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |                                                  | Tel:            | \$ .                                    |                                 |
|            |                                                  | Email:          | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |                                                  | Tel:            | \$ .                                    |                                 |
|            |                                                  | Email:          | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |                                                  | Tel:            | \$ .                                    |                                 |
|            |                                                  | Email:          | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |                                                  | Tel:            | \$ .                                    |                                 |
|            |                                                  | Email:          | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |

*\*Please make all cheques payable to: **Special Olympics Ontario**  
65 Overlea Blvd Suite #200, Toronto, On. Canada M4H 1P1  
Special Olympics Ontario Registered Charitable Number - 11906 8435 RR0001*

**(Continued Over)**

| Donor Name | Address<br>(Street, City, Province, Postal Code) | Phone Number | Amount<br>(Please check payment method) |                                 |
|------------|--------------------------------------------------|--------------|-----------------------------------------|---------------------------------|
|            |                                                  |              | \$ .                                    |                                 |
|            |                                                  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |                                                  |              | \$ .                                    |                                 |
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|            |                                                  |              | \$ .                                    |                                 |
|            |                                                  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
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|            |                                                  |              | \$ .                                    |                                 |
|            |                                                  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |
|            |                                                  |              | \$ .                                    |                                 |
|            |                                                  |              | Cash <input type="checkbox"/>           | Cheque <input type="checkbox"/> |

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|                   |                     |                   |
|-------------------|---------------------|-------------------|
| <b>Cash: \$</b> . | <b>Cheques \$</b> . | <b>TOTAL \$</b> . |
|-------------------|---------------------|-------------------|