

MUSTACHES FOR KIDS PLEDGE SHEET

	Sponsor's Name	Mailing Address	City, Province, Postal Code	Phone Number	Donation (receipt)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

- Make cheques payable to: "Admiral Seymour Elementary School"
- Put the name of the grower in the memo area (if applicable)
- Contributions over \$20 are eligible for tax receipts (if requested)

Mustaches for Kids | www.mustachesforkids.org

Grower's name: _____