

Pledge Form



Wolverines Wheelchair Sports Association

Promotes accessibility, participation and fun. Our focus is on adapted, integrated programs that are enjoyable and meaningful to participants.

Donor Information (please print or type)

Name _____

Billing address _____

City Prov. Postal Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____

I (we) plan to make this contribution in the form of: cash check

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s) _____

Date _____

Please make checks, corporate matches,
or other gifts payable to:

Wolverines Wheelchair Sports Association
#10 Knowledge Way
Grande Prairie AB T8W 2V9