



STRUTT YOUR MUTT PLEDGE SHEET



Peterborough
Humane Society

PARTICIPANT INFORMATION – Please fill out completely

First name _____ Last name: _____
 Street Address: _____ Postal code: _____
 City: _____ Province: _____ Phone Number _____
 Email: _____ Team name: _____

By participating in Strutt Your Mutt in support of the Peterborough Humane Society (“the walk”), I waive and release any and all claims for myself, heirs, executors, and administrators against all sponsors, officials and organizers of the walk for injury, illness, or death which may directly, or indirectly result from my participation in the walk. I shall permit the free use of my name, picture, and video of myself in publicity concerning the walk. I have read, fully understand and agree to the contents of this waiver/release prior to my participation in the walk.

YES, I would like to receive our FUR-tastic e-newsletter for updated on shelter on-goings.

Signature _____
 Date: _____

PLEDGE INFORMATION - Please print your name clearly, as you would like it to appear on your tax receipt.		
1	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
2	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
3	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
4	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
5	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
6	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
7	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
8	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
9	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>
10	First name _____ Last name: _____ Street Address: _____ Postal code: _____ City: _____ Province: _____ Phone Number _____ Email: _____	Donation: \$ _____ Tax Receipt <input type="checkbox"/>

TOTAL DONATIONS COLLECTED:

Cheques: _____ Cash: _____