



The Clarington Polar Bear Swim PLEDGE FORM



Sunday, January 1st, 2017 ~ Newcastle Waterfront (Mill Street South)

Participant Name:	_____	
	<i>Last name</i>	<i>First name</i>
Address:	_____	
	<i>Street</i>	<i>City/Town</i> <i>Postal Code</i>
Contact:	_____	
	<i>Phone</i>	<i>Email</i>

Cheques payable to **Autism Ontario – Durham Region** ~ Tax receipts will be issued for donations of \$20 or more

PLEDGE INFORMATION	PLEASE PRINT CLEARLY	AMOUNT PLEDGED	AMOUNT COLLECTED	AMOUNT OUTSTANDING

<i>Last name</i> _____ <i>First name</i> _____				
<i>Street</i> _____ <i>City/Town</i> _____ <i>Postal Code</i> _____				
<i>Phone</i> _____ <i>Email</i> _____				

<i>Last name</i> _____ <i>First name</i> _____				
<i>Street</i> _____ <i>City/Town</i> _____ <i>Postal Code</i> _____				
<i>Phone</i> _____ <i>Email</i> _____				

<i>Last name</i> _____ <i>First name</i> _____				
<i>Street</i> _____ <i>City/Town</i> _____ <i>Postal Code</i> _____				
<i>Phone</i> _____ <i>Email</i> _____				

<i>Last name</i> _____ <i>First name</i> _____				
<i>Street</i> _____ <i>City/Town</i> _____ <i>Postal Code</i> _____				
<i>Phone</i> _____ <i>Email</i> _____				

Autism Ontario – Durham Region

- P. O. Box 40008, Whitby, ON L1R 0G2
- Toll Free: 1-866-495-4680 Local: 905-432-5092
- Email: durham@autismontario.com
- Incorporated as *Autism Society Ontario – Charitable* Registration No. 11924 8789 RR001

This event organized to raise awareness and funds for the **Hollylynn Towie Scholarship Fund**. Hollylynn, who had autism, intended to pursue post-secondary education before passing away in 2012. This fund provides financial assistance to adults with autism in Durham Region who are pursuing their dreams and attending a post-secondary institution. Already more than 18 individuals have benefitted from this fund.

PLEDGE INFORMATION		PLEASE PRINT CLEARLY		AMOUNT PLEDGED	AMOUNT COLLECTED	AMOUNT OUTSTANDING
<i>Last name</i>		<i>First name</i>				
<i>Street</i>		<i>City/Town</i>	<i>Postal Code</i>			
<i>Phone</i>		<i>Email</i>				
<i>Last name</i>		<i>First name</i>				
<i>Street</i>		<i>City/Town</i>	<i>Postal Code</i>			
<i>Phone</i>		<i>Email</i>				
<i>Last name</i>		<i>First name</i>				
<i>Street</i>		<i>City/Town</i>	<i>Postal Code</i>			
<i>Phone</i>		<i>Email</i>				
<i>Last name</i>		<i>First name</i>				
<i>Street</i>		<i>City/Town</i>	<i>Postal Code</i>			
<i>Phone</i>		<i>Email</i>				
<i>Last name</i>		<i>First name</i>				
<i>Street</i>		<i>City/Town</i>	<i>Postal Code</i>			
<i>Phone</i>		<i>Email</i>				
Note: All participants must sign a waiver prior to participating in the swim.						
Thank you for your pledges!						
TOTAL PLEDGES:						

