North Okanagan Therapeutic Riding Association (NOTRA)
RIDE-A-THON PLEDGE FORM 2017

Registered Charity # 89204 3449 RP 0001

Rider's Full Name:_____

ONLY DONATIONS OF $20 OR MORE WILL BE RECEIPTED

SPONSOR'S NAME	ADDRESS *(* **IMPORTANT** - in order to issue a charitable receipt we need your full mailing address + postal code. **PLEASE PRINT LEGIBLY!***)	DONATION AMOUNT	**I would like a receipt Y/N**	RECEIPT # *(office use only)*

SPONSOR'S NAME	ADDRESS *(Please PRINT LEGIBLY and provide FULL mailing address if you would like a receipt)*	DONATION AMOUNT	RECEIPT? Y/N	RECEIPT # *(office use only)*