



Ride of the Mustang 2024

George McDougall High School

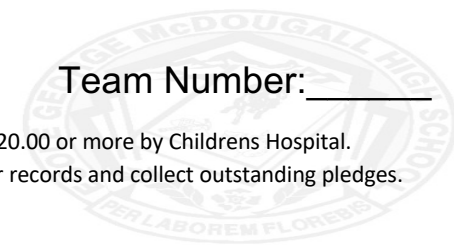
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 Phone: 403-948-5935 Fax: 403-948-4297
 Email: mcdougal@rockyview.ab.ca
 Website: <http://mcdougall.rockyview.ab.ca/>
 Online Donations:
<http://mcdougall.rockyview.ab.ca>

Participant Name _____

Team Number: _____

- *Please complete form in pen and print clearly
- *Make cheques payable to George McDougall High School.
- *Attach all collected pledges to the corresponding form.

- * Tax receipts will be issued for \$20.00 or more by Childrens Hospital.
- *Keep a copy of the form for your records and collect outstanding pledges.



Pledged By	Address	City Province	Postal Code	Pledged	Cash/Cheque	Collected

Please fill out the amount of funds. How many bills, coin and cheques that are collected and a total at the bottom right of the sheet.

\$100.00 x _____ = _____
 \$50.00 x _____ = _____
 \$20.00 x _____ = _____
 \$10.00 x _____ = _____
 \$5.00 x _____ = _____

\$2.00 x _____ = _____
 \$1.00 x _____ = _____
 Loose Coin Total = _____
 Number of Cheques = _____
 Cheque Total = _____

Total combined amount
 \$ _____