



Ride of the Mustang 2025

George McDougall High School

412-3rd Avenue N.E. Airdrie, AB T4B 1R7
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 _____ = _____

\$2.00 x _____ = _____

Total combined amount

\$50.00 x _____ = _____

\$1.00 x _____ = _____

\$20.00 x _____ = _____

Loose Coin Total = _____

\$10.00 x _____ = _____

Number of Cheques = _____

\$5.00 x _____ = _____

Cheque Total = _____

\$ _____

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