The GOOD _____

Date: _____

Pledge Form

Participant's Name: _____
Address: _____
City: _____ Prov/State: _____ Postal/Zip Code:_____ Age: ___
Email: _____ Phone: _____

Make cheques payable to: **CTF**
31 West Terrace Place Spruce Grove, AB T7X 1T3 CANADA
Donate online at www.overcomewithgood.ca (Look under Donate tab)

Charitable Registration #891535015RR0001. Tax receipt for $25 donation or more
All pledges go to **CTF** to support:

___ **Hijos de Dios Children's Home** ___ **Community Transform Programs** ____ ***Vivivendo Héroes***
___ **Counseling ministry** ___ **Leadership training/Mentorship** __ **General Fund**

Check off ministry(s) you are collecting funds for.

Thank you for your support. For more information: info@overcomewithgood.ca www.overcomewithgood.ca
Photocopy as required. Please print clearly.

Name	Address	Postal Zip Code	Phone	Pledge amount	Pledge received