

The Brett Pearson Run *for your life*

Bringing **suicide** and **substance abuse** out of the shadows and into the light.



Ms. Mr. Mrs. Dr. First Name: _____ Last Name: _____

Home Business Address: _____ City: _____

Province: _____ Postal Code: _____ Tel: _____ Email: _____



Bring pledge from with you on event day. Please make cheques payable to Brett Pearson Memorial run C/O Town of Carleton Place.

Tax receipts will be issued automatically for pledges of \$20 or more if the full address has been provided and is ledgible. Tax receipts will not be issued for self-pledges

Sal.	First Name	Last Name	Mailing Address for Tax Receipts	Telephone Number										Amount Pledged	Amount Collected	Recp't Reg'd

Signature: _____

Date: _____

Amount Collected _____