



Pledge Form

Yes! I would like to support the Stratford-Perth Humane Society with my fundraising:



IMPORTANT INSTRUCTIONS

HOLD THE WHISK! Have you considered fundraising online? Online donors are automatically emailed a tax receipt, saving the postage fee for the animals. Now that's a piece of cake! www.sphumane.com/cupcake

1. Tax receipts will be issued for donations over \$20 by the Stratford-Perth Humane Society
2. The event organizer is not eligible for a tax receipt from unreceipted funds collected from attendees. Please enter these funds in the "Donation collected from donors not requiring tax receipts" line at the bottom of this form.
3. Donations received offline can be entered online by using a personal credit card. Donor information can be entered so your donors receive a tax receipt. By doing this, your donors will receive their tax receipt faster than if you mailed us your donations

4. Donations that you have collected online can be totaled up and entered in the "Online Donations" total on the back of this pledge form. Please do not enter individual online donations on this form.

5. Please ensure all totals add up correctly on the "Grand Total" line.
6. Please do not send cash in the mail. We accept cheques or credit card.
7. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
8. Please print clearly and make all cheques payable to SPHS and either mail or drop off at:

Stratford-Perth
Humane Society
125 Griffith Road
Stratford, ON N5A 6S4

Please fill out this section if you **HAVE** registered online

Cupcake Party Host Name: _____

Participant ID Number: _____

Cupcake Party Team Name: _____

- * To qualify for pre-event prizing you must register online at sphumane.com/cupcake.
- * For full prizing rules and regulations please visit nationalcupcakeday.ca.

Please fill out this section if you **HAVE NOT** registered online

Cupcake Party Host Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

By providing your email address, you are agreeing to be emailed by your chosen Society and National Cupcake Day organizer.

Team Name (if applicable): _____

If this is a new team, you will be the team captain

I am a youth participant (17 and under): Yes No

EVENT WAIVER

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of National Cupcake Day for SPCAs & Humane Societies, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating Societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the participating Societies rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during or leading up to the event.

Participation in National Cupcake Day is undertaken at your own initiative and with the full permission, support and appreciation of the participating Societies. In the event that the participating Societies become aware of any false, incorrect or misleading information, the participating Societies may revoke this Authority in its absolute discretion.

All youth participants (17 or under) must have a parent/guardian sign on their behalf. By signing this waiver, you agree to the terms listed under the Tax Receiving Guidelines.
Signed: _____ Age: _____ Date: _____

TAX RECEIPTING GUIDELINES

All participants of National Cupcake Day must agree to the terms listing under these tax receipting guidelines:

- Tax receipts will only be issued for donations of \$20 or more.
- Proceeds from the sale of cupcakes are not receiptable unless the purchase/donation amount is greater than \$20 per cupcake.
- Tax receipts cannot be issued to the event organizer of a cupcake day event for the unreceipted portion of the event revenue received from the attendees.

NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card

NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE	\$ cheque # <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card <input type="checkbox"/>

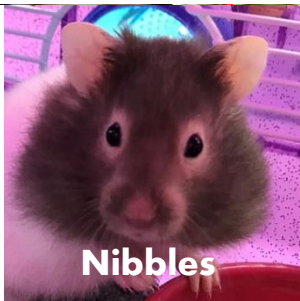
NAME	PHONE ()	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE /	SIGNATURE	\$ cheque # <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card <input type="checkbox"/>

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Nibbles



Reese

THANK YOU!

Because of your fundraising efforts, animals at our centre will receive the care they need!

I would like to pay the unpaid balance of my donor's pledges in full by credit card.

Credit Card # _____

Expiry MM/ YY _____ Signature _____ Balance Paid \$ _____

Thank you for your support!

Subtotal of donations on this form
\$ _____

Donations collected from donors not requiring tax receipts
\$ _____

Online Donations
\$ _____

Grand total
*add numbers above
\$ _____

