

12 HOUR BOOT CAMP RELAY

Camper Name:

Home Phone:

Team Captain:

In Support of Bereaved Families of Ontario - Toronto

To receive tax receipt provide full address with postal code

Amount collected \$0.00
Amount pledged \$0.00

Donor name	Address	City	Postal Code	Phone	Tax Receipt	Pledged amount	Collected amount	Difference
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
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								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
			Number of pledges = 0			\$0.00	\$0.00	\$0.00