



402-425 Adelaide Street W.,
 Toronto, ON, M5V 3C1
 Tel: 416-977-4497 ext. 145
www.evas.ca/events/walk-for-homeless-youth

CREATING OPPORTUNITIES
 FOR HOMELESS YOUTH

OFFICIAL PLEDGE FORM

Charitable registration number:
 132239013RR0001

Eva's is an innovative and award-winning organization that provides safe shelter and diverse programs and services to help homeless and at-risk youth reach their potential. Eva's three facilities provide safe shelter and support for homeless youth to provide them with the skills and experience they need to leave the streets permanently. Eva's was selected by Charity Intelligence as one of the top ten high-impact charities in Canada. Eva's creates \$9 in social benefit for homeless youth for every \$1 donated.

EVENT: WALK FOR HOMELESS YOUTH **EVENT DATE:** _____

SCHOOL NAME: _____ **SCHOOL CONTACT:** _____

PARTICIPANT'S NAME: _____ **PERSONAL FUNDRAISING GOAL:** _____

HOME ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE NUMBER: _____ HOME CELL

EMAIL ADDRESS: _____

INSTRUCTIONS: Donate online: evas.ca/events/walk-for-homeless-youth **OR**
 Cheques to be made payable to Eva's Initiatives.

Submit completed donation form(s) and funds within 30 days of the event to Eva's (do not mail cash).
 It is the participant's responsibility to collect all funds from donors.

Tax receipts will be issued for donations of \$20 or more. To receive a tax receipt, name, address, and email address of the donor must be legible and completed in full.

PLEASE PRINT CLEARLY		Amount	Rec'd (initial)
Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		

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Full Name:	Tel:		
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Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name:	Tel:		
Address:	Postal code:		
Home Email:	Add to mailing list: <input type="checkbox"/> YES <input type="checkbox"/> NO		
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