

Operation Read Sponsor Pledge Form

Reader's School: _____ **Teacher:** _____ **Grade:** _____

Reader's Name: _____ **Phone:** _____

Permission: _____ *has my permission to participate in Operation Read.* _____

Parent/Guardian's Signature

	<i>Sponsor's Name</i>	<i>Street Address</i>	<i>City</i>	<i>Postal Code</i>	<i>Total Pledge</i>	<i>Tax Receipt Yes/No</i>
	<i>Example: Mary Smith</i> PLEASE PRINT	<i>100 Reading Lane, Apt. 00</i>	<i>Burlington</i>	<i>P7P 2X3</i>	<i>\$15.00</i>	<i>No</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total (\$)						

All donations of \$10.00 or more are eligible for a tax charitable tax receipt. Please ensure that all information is provided.
 Cheques Payable to Learning Disabilities Association of Halton.
 Charitable Registration # 11901 0387 RR 0001