

COLLEGA + AVEDA EARTH MONTH

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

Telephone: (____) - ____ - _____ Email: _____@_____.

Organization / Salon Name (if applicable): _____

Walk City: _____ MY FUNDRAISING GOAL: \$ _____

Earth Month Checklist:

- Reduce your environmental footprint by registering and accepting donations online at www.collegaearthmonth.com!
- Collect and count all cash and cheque donations and complete form below. One pledge form per person. Ensure that all **cheques are made payable to WaterAid Canada.**
- Count the total cash + cheque amounts received. Enter these amounts at the bottom of the second page.
- Hand in your completed envelope to your Salon Champion by the last day of May. If you are walking for water, you may drop off your donations on Walk Day. Visit www.collegaearthmonth.com for more details.

ENSURE THAT YOU DO NOT INCLUDE ANY ONLINE DONATIONS ON THIS FORM. PLEDGE FORM IS FOR CASH + CHEQUES ONLY

*****Donors must complete the following section clearly & legibly in order to be eligible for a tax receipt*****

1. First Name: _____ Last Name: _____
 Email: _____@_____ Payment Received: Yes No
 Address: _____ Payment Type: Cash Cheque
 City: _____ Province: _____ Postal Code: _____ Donation Amount: \$ _____
2. First Name: _____ Last Name: _____
 Email: _____@_____ Payment Received: Yes No
 Address: _____ Payment Type: Cash Cheque
 City: _____ Province: _____ Postal Code: _____ Donation Amount: \$ _____
3. First Name: _____ Last Name: _____
 Email: _____@_____ Payment Received: Yes No
 Address: _____ Payment Type: Cash Cheque
 City: _____ Province: _____ Postal Code: _____ Donation Amount: \$ _____

4. First Name: _____ Last Name: _____
Email: _____@_____._____._____ Payment Received: Yes No
Address: _____ Payment Type: Cash Cheque
City: _____ Province: _____ Postal Code: _____ Donation Amount: \$ _____

5. First Name: _____ Last Name: _____
Email: _____@_____._____._____ Payment Received: Yes No
Address: _____ Payment Type: Cash Cheque
City: _____ Province: _____ Postal Code: _____ Donation Amount: \$ _____

6. First Name: _____ Last Name: _____
Email: _____@_____._____._____ Payment Received: Yes No
Address: _____ Payment Type: Cash Cheque
City: _____ Province: _____ Postal Code: _____ Donation Amount: \$ _____

7. First Name: _____ Last Name: _____
Email: _____@_____._____._____ Payment Received: Yes No
Address: _____ Payment Type: Cash Cheque
City: _____ Province: _____ Postal Code: _____ Donation Amount: \$ _____

Total Cash Collected: \$ _____ + Total Cheques Collected: \$ _____ = Total Donations Collected: \$ _____

FOR COLLEGE USE ONLY – For AP, Walk Champion or Collection Team to complete upon receipt of pledge form and donations.

Total Cash Received: \$ _____ + Total Cheques Received: \$ _____ = Total Donations Received: \$ _____
Collega Team Member Name: _____ College Team Member Signature: _____