2011 BMO Boolathon Pledge Form

1 800 668 6868
KidsHelpPhone.ca

Kids Help Phone
BEING THERE FOR KIDS

Booler Information:

Preferred Language: ❑ English ❑ French I registered online. My online registration number is: _____ Site: _____

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

❑ Home ❑ Business Address: _____ City: _____
(eg. 300 - 439 University Avenue)

Province: _____ Postal Code: _____ Tel: _____ – _____ I am a student: ❑ Yes ❑ No

Email: _____ I've booled before: ❑ Yes ❑ No

For Internal User Only

Team Information: My Employer / Organization / School / Club Name: _____

BMO Email Address (If Applicable): _____

Team Name: _____ Team Captain Full Name: _____

Do NOT record online pledges on this form. Bring pledge form and online fundraising summary (if applicable) with you on event day. Please make cheques payable to Kids Help Phone.
Tax receipts will be issued automatically for pledges of $20 or more if the full address has been provided and is legible. Tax receipts will not be issued for self-pledges.

boolathon.ca

From time to time we communicate with our supporters. If you do not wish to receive future communications from Kids Help Phone, please call us at 1-800-268-3062 and we will be pleased to comply. Charitable registration # 13000 5846 RR 0001

BMO Bank of Montreal
Deposit instructions for CSRs

1. Access E-Forms Library and select Form 910 BL Receipt Form
2. Complete and Print Receipt Form - Sign and Stamp both copies of the Receipt Form
3. Stamp the pledge form in the "Banker's Stamp" box and record the total amount of the deposit received on the line provided in the box.
4. Process Transaction in Customer Connect > Commercial Services > other FCCS Payment
5. Key in Credit Conc ID 8914, Leave Division Number blank, Outlet Number: 1 and in the Addendum Field, the participant's name with no spaces between first and last name.
6. Take two copies of the pledge form – forward original copy via internal mail to TR 0389
7. Staple transaction record to the other copy of the pledge form and hand back to customer, reminding them to bring both to the event.
8. File branch copy of transaction record, pledge form and Receipt Form.

Banker's Stamp

Total Pledges Deposited (cheques and cash only)
$_____

Sal.	First Name	Last Name	Mailing Address For Tax Receipts (Apartment or Suite # - Street#, Street Name, City, Province and Postal Code)	Telephone Number / Credit Card Number (if pledging by credit card)	Expiry Date	Amount Pledged	Amount Collected	Recp't Req'd
Mr.	Pat	Sample	222 - 55 Sample Street Sample Town, ON M5M 5M5	1234 — 4567 — 7890 1234 5678 9012 3456	07/12	$50	$50	✓
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I would like to pay the balance of my outstanding pledges in full by:

❑ Cash ❑ Cheque ❑ Credit Card

Expiry Date ___ / ___ Balance Paid $ _____ Signature _____

FOR VOLUNTEER USE ONLY

Total Coins $ _____ Total Cheques $ _____

Total Cash $ _____ Initials _____

Total Counted by Volunteer $ _____
(If $0 put $0)

AMOUNT COLLECTED

Total number of pledge forms submitted _____

TOTAL COLLECTED from all pledge forms $ _____

ONLINE TOTAL from fundraising summary $ _____

GRAND TOTAL COLLECTED = $ _____