



Lions Cavalcade for Diabetes 2020 PLEDGE SHEET

Club Name _____

District _____

	NAME (Please print clearly)	COMPLETE ADDRESS/ TOWN	POSTAL CODE	AMOUNT OF DONATION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*Individual donations over \$15.00 will receive a tax receipt from Diabetes Canada. For receipting purposes, please ensure complete and legible donor information.

***Lions, Lionesses and Leos “serving” people
with diabetes!***