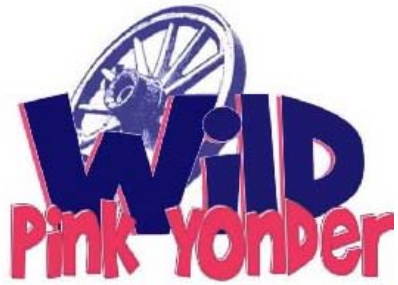


Wild Pink Yonder Charitable Society

PLEDGE FORM



NAME OF PARTICIPANT _____

MAILING ADDRESS _____

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On the trail to a cure _____

PLEASE MAKE CHEQUES PAYABLE TO WILD PINK YONDER CHARITABLE SOCIETY
Tax receipts applicable to donations of \$20.00 or more PRINT CLEARLY

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