

September 20-25, 2021 • 20-25 septembre 2021
 You choose how you want to move! • Cette année c'est à vous de choisir un défi!
 #freethespiritfestival

FREETHE SPIRIT FESTIVAL.CA

**FREE THE
SPIRIT
FESTIVAL**



**FESTIVAL
LIBÈRE
L'ESPRIT**

Participant: _____ I am _____ for St.Amant Foundation.

Email: _____ Phone #: _____

Are you a Team Captain? Y N Team Name: _____

Name: Nom:		Address: Adresse:			
Email: Courriel:		City: Ville:		Postal Code: Code postale:	
Pledge: Promesse de don:		Paid? Payé? <input type="checkbox"/>		Method of payment: Mode de paiement:	
				Cash: Espèces: <input type="checkbox"/>	
				Cheque: Chèque: <input type="checkbox"/>	
Credit card #: N° de carte:		Signature:		Expiry date: Date d'expiration: ____ / ____	

Name: Nom:		Address: Adresse:			
Email: Courriel:		City: Ville:		Postal Code: Code postale:	
Pledge: Promesse de don:		Paid? Payé? <input type="checkbox"/>		Method of payment: Mode de paiement:	
				Cash: Espèces: <input type="checkbox"/>	
				Cheque: Chèque: <input type="checkbox"/>	
Credit card #: N° de carte:		Signature:		Expiry date: Date d'expiration: ____ / ____	

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				Cash: Espèces: <input type="checkbox"/>	
				Cheque: Chèque: <input type="checkbox"/>	
Credit card #: N° de carte:		Signature:		Expiry date: Date d'expiration: ____ / ____	

Donor name and address **MUST** be complete and legible in order for St.Amant Foundation to issue a tax receipt for donations of \$15 or more. Please make cheques payable to St.Amant Foundation. Accepted credit cards: Visa, MasterCard & American Express.

Pledge forms and monies can be submitted to St.Amant Foundation prior to September 25 by contacting Christie (clafreniere@stamant.ca / 204-256-4301 ext.7051) to coordinate drop off.



Charitable Registration #: 123526915RR0001

Name: Nom:		Address: Adresse:			
Email: Courriel:		City: Ville:		Postal Code: Code postale:	
Pledge: Promesse de don:	Paid? Payé?	<input type="checkbox"/>	Method of payment: Mode de paiement:	Cash: Espèces:	<input type="checkbox"/>
Credit card #: N° de carte:		Signature:		Expiry date: Date d'expiration: ____ / ____	

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Email: Courriel:		City: Ville:		Postal Code: Code postale:	
Pledge: Promesse de don:	Paid? Payé?	<input type="checkbox"/>	Method of payment: Mode de paiement:	Cash: Espèces:	<input type="checkbox"/>
Credit card #: N° de carte:		Signature:		Expiry date: Date d'expiration: ____ / ____	

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