



Canadian Cancer Society Participant Pledge Form

EVENT: Relay For Life Jail-N-Bail Fundraise For Life Face Off Against Cancer Cops for Cancer

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

CompanyName(if applicable): _____ Address: _____ Apt: _____

City: _____ Prov: _____ Postal Code: _____ E-mail Address: _____

Home Phone: _____ Bus Phone: _____ Other Phone: _____

Please consider selecting an e-mail receipt. Besides helping the environment, the reduced administration costs will help us allocate more funds to our mission of eradicating cancer and enhancing the quality of life of those living with the disease. All cheques made payable to: Canadian Cancer Society. Credit card donations can be made online at cancer.ca or by calling **1 800 661-2262**.

RE ID (OFFICE USE ONLY)	
EVENT NAME	
DATE	
LOCATION	
TEAM NAME	
TEAM #	

PLEDGE INFORMATION (PLEASE PROVIDE COMPLETE INFORMATION)					RE ID (OFFICE USE ONLY)			
<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> OTHER	First Name/Company Name	Last Name	Address	City	Prov.	Postal Code	Phone Number	
	Donation Type <input type="checkbox"/> cash <input type="checkbox"/> cheque	Cheque No.	E-mail Receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address				Amount \$
PLEDGE INFORMATION (PLEASE PROVIDE COMPLETE INFORMATION)					RE ID (OFFICE USE ONLY)			
<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> OTHER	First Name/Company Name	Last Name	Address	City	Prov.	Postal Code	Phone Number	
	Donation Type <input type="checkbox"/> cash <input type="checkbox"/> cheque	Cheque No.	E-mail Receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address				Amount \$
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<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> OTHER	First Name/Company Name	Last Name	Address	City	Prov.	Postal Code	Phone Number	
	Donation Type <input type="checkbox"/> cash <input type="checkbox"/> cheque	Cheque No.	E-mail Receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address				Amount \$
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<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> OTHER	First Name/Company Name	Last Name	Address	City	Prov.	Postal Code	Phone Number	
	Donation Type <input type="checkbox"/> cash <input type="checkbox"/> cheque	Cheque No.	E-mail Receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address				Amount \$
PLEDGE INFORMATION (PLEASE PROVIDE COMPLETE INFORMATION)					RE ID (OFFICE USE ONLY)			
<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> OTHER	First Name/Company Name	Last Name	Address	City	Prov.	Postal Code	Phone Number	
	Donation Type <input type="checkbox"/> cash <input type="checkbox"/> cheque	Cheque No.	E-mail Receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address				Amount \$

PLEASE NOTE THE FOLLOWING

Information collected on this form will be used for the Society's purposes only. You may obtain a copy of our privacy policy online at cancer.ca or contact us at **1 800 661-2262**. **Receipts will be issued for donations of \$20 or more, but only if the donor's name and address are clearly printed and complete. PLEASE DO NOT INCLUDE ONLINE PLEDGES ON THIS FORM.**

page: _____ of: _____

FOR OFFICE USE ONLY		
Received	# _____	\$ _____
Non Received	# _____	\$ _____
Page Total	# _____	\$ _____
Total Cash	\$ _____	
Total Cheque	\$ _____	
Grand Total	\$ _____	