Proud supporter Canadian Société Cancer canadienne du cancer The Canadian Cancer Society Is pleased to accept proceeds from this community initiative.

Total Collected:

PLEDGE FORM

	Office Use Only
Participant #	

Page _____ of

	ins or	irst Name: Apt./Suit	e:		/:		Prov:	
ostal Code:		Bus Tel:			E-mail:Gende		r (Optional):	
ex receipts will be issue early printed and comp	ed for \$20 or more, unless otherwis slete on the form below. All cheque	se requested. The donor's name and addr es should be payable to: Canadian Cancer	ess must be Society.		deliver receipt Registration No.			s No
FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PLEDGE	COLLECTED	RECEIPT

We respect your privacy. The Society collects your personal information in order to process your donation and to issue a tax receipt. We may also contact you from time to time with information about other ways you can help us in our fight against cancer. If you prefer not to receive this kind of communication from us or for more information about our privacy practices: www.cancer.ca | 1 800 268-8874, press 1, ext. 2257 | e-mail privacy@ontario.cancer.ca. The provision of age and gender information is optional and used only for internal marketing and statistical purposes.

\$

Balance Remaining:

photographs and videotapes of me for Canadian Carco the Canadian Cancer Society, its agents, employees an which may directly or indirectly result from my particip	rant permission to the Canadian Cancer Society to photograph or Society purposes in any media and territory in perpetuity. I was a licensees and any sponsors, officials, volunteers and organize	and videotape me in the course of my participation in the event, and to use my name and any aive and release any and all claims for myself, my heirs, executors and administrators against rs of the event in conjunction with any injury, illness, or death, or loss or damage to property, use of my name or any photographs or videotapes of me. I acknowledge that I will not receive eventand contribute to the activities of the Canadian Cancer Society. I warrant that I am fit to the participant's behalf.
Name of Participant:	Signature:	Date:

TOTAL PLEDGES:

Outstanding Received: