PLEDGE FORM

Office Use Only

Participant # _____

Page ____ of ____

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

Address: _____ Apt./Suite: _____ City: _____ Prov.: _____

Postal Code: _____ Home Tel: _____ Bus Tel: _____ E-mail: _____

Age Range (Optional): ☐ Under 18 ☐ 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ Gender (Optional): ☐ M ☐ F

Tax receipts will be issued for $20 or more, unless otherwise requested. The donor's name and address must be clearly printed and complete on the form below. All cheques should be payable to: Canadian Cancer Society.

Charitable Registration No.11882 9803 RR0001

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PLEDGE	COLLECTED	RECEIPT NO.

TOTAL PLEDGES : $

Total Collected: $

Balance Remaining: $

Outstanding Received : $

The Canadian Cancer Society is dependent upon the generous support of donors and volunteers to fulfill its mission. The Society collects your personal information in order to process your donation, issue a tax receipt, and occasionally deliver relevant updates about the Society, its impact and other ways you can help, and targeted online ads. For more information about our privacy practices, view our privacy policy at cancer.ca

Participant Permission and Release Agreement

By participating in a Canadian Cancer Society event: I grant permission to the Canadian Cancer Society to photograph and videotape me in the course of my participation in the event, and to use my name and any photographs and videotapes of me for Canadian Cancer Society purposes in any media and territory in perpetuity. I waive and release any and all claims for myself, my heirs, executors and administrators against the Canadian Cancer Society, its agents, employees and licensees and any sponsors, officials, volunteers and organizers of the event in conjunction with any injury, illness, or death, or loss or damage to property, which may directly or indirectly result from my participation in this event, and any claim arising in connection with the use of my name or any photographs or videotapes of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to participate in the event and contribute to the activities of the Canadian Cancer Society. I warrant that I am fit to participate in this event. If a participant is under 18 years of age then a parent/guardian must sign this agreement on the participant's behalf.

Name of Participant: _____ Signature: _____ Date: _____

THANK YOU FOR YOUR SUPPORT!

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