



Canadian Cancer Society
Société canadienne du cancer

Canadian Cancer Society

Pledge Sheet

Event Name	
Team Name	Year
Location	

Mr. Mrs. Ms. Dr. Other Company Name (if applicable) _____
 First Name: _____ Last Name: _____
 Address: _____ Apt: _____ City: _____ Province: _____ Postal Code: _____
 Home Tel: _____ Bus Tel: _____ Cell Tel: _____ E-mail Address: _____

All cheques made payable to: Canadian Cancer Society. Credit Card donations toward The Society can be made online at: **cancer.ca**

1	First Name/Company Name	Middle Initial	Last Name	Home Address	City	Prov.	Postal Code	Donation Type		Amount
								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	
								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				
2								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				
3								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				
4								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				
5								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				
6								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				
7								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				
8								<input type="checkbox"/> cash	<input type="checkbox"/> cheque	\$ _____
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Receipt: <input type="checkbox"/> Yes, by email <input type="checkbox"/> Yes, by mail <input type="checkbox"/> No			E-mail Address: _____		<input type="checkbox"/> I would like to receive email communication				

Please Note the following;
 Unless otherwise indicated, receipts will be issued for \$20 or more, only if the donor's name and address are clearly printed and complete. All official charitable tax receipts will be issued by the Canadian Cancer Society, December 31. To ensure accuracy of the receipts issued, please ensure that donor names are recorded clearly, including middle initials, as well as the full civic mailing address **Example: James A. Jones, 287 Nottingham St., Halifax, NS B3A 4H8**

PLEASE DO NOT INCLUDE ONLINE PLEDGES ON THIS FORM
 Registered Charity # 11882 9803 RR 0001

Total Cash	\$ _____
Total Cheque	\$ _____
Grand Total	\$ _____