



## 2018 Pledge Form

### YOUR DETAILS

PARTICIPANT NUMBER:

Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Mx ☐ Dr ☐ First Name:  Last Name:

Address:  Apt./Suite:

City:  Prov.:  Postal Code:

Email:  Home Tel.:  Bus. Tel.:

Age Range (optional): ☐ Under 18 ☐ 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 Gender (optional): ☐ Male ☐ Female

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 | DONATION AMOUNT | RECEIPT REQUIRED |
|--------------------|-----------|--------------|------|-------|-------------|-----------------|------------------|
| 1.                 |           |              |      |       |             |                 |                  |
| 2.                 |           |              |      |       |             |                 |                  |
| 3.                 |           |              |      |       |             |                 |                  |
| 4.                 |           |              |      |       |             |                 |                  |
| 5.                 |           |              |      |       |             |                 |                  |
| 6.                 |           |              |      |       |             |                 |                  |
| 7.                 |           |              |      |       |             |                 |                  |
| 8.                 |           |              |      |       |             |                 |                  |
| 9.                 |           |              |      |       |             |                 |                  |
| 10.                |           |              |      |       |             |                 |                  |
| 11.                |           |              |      |       |             |                 |                  |
| 12.                |           |              |      |       |             |                 |                  |
| 13.                |           |              |      |       |             |                 |                  |
| 14.                |           |              |      |       |             |                 |                  |
| 15.                |           |              |      |       |             |                 |                  |
| TOTAL DONATIONS \$ |           |              |      |       |             |                 |                  |

The Canadian Cancer Society is dependent upon the generous support of donors and volunteers to fulfill its mission. We collect your personal information in order to process your donation, issue a tax receipt, and provide updates about our impact and other ways to help. Your personal information will not be sold or traded with other organizations. For more information about our privacy practices, view our privacy policy at [cancer.ca](http://cancer.ca)

Have a question? [dryfeb@cancer.ca](mailto:dryfeb@cancer.ca)

— Proceeds benefit —



**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: