



PLEASE SEND FORM AND DONATIONS TO:
 Canadian Cancer Society, 55 St. Clair Avenue West,
 Suite 500, Toronto, ON M4V 2Y7

2021 Pledge Form

YOUR DETAILS

PARTICIPANT/TEAM NAME:

Mr Ms Mrs Miss Mx Dr First Name:

Last Name:

Address:

Apt./Suite:

City: Prov.:

Postal Code:

Email: Home Tel.:

Bus. Tel.:

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. Please do not include online pledges on this form.

All cheques should be payable to: Canadian Cancer Society.

Charitable Registration No. I1882 9803 RR0001

DONOR INFORMATION

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	DONATION AMOUNT	RECEIPT REQUIRED
1.							
2.							
3.							
4.							
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17.							
18.							

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. It will not be sold or traded with other organizations, please visit cancer.ca/privacy.

IN SUPPORT OF

Have a question? dryfeb@cancer.ca 1-888-939-3333

