Form #_____

Canadian Cancer Society / Société canadienne du cancer

PERSON BEING SPONSORED:_____

ADDRESS: _____ PHONE:_____

I hereby pledge that all funds raised will be turned over to the Canadian Cancer Society upon completion of the event.

Signature: _____ Date: _____

PLEASE PRINT CLEARLY

Name	Address	City	Postal Code	Phone	Pledge Amount	PAID	Receipt Required
TOTALS (This page)							

- Receipts will be issued by the Canadian Cancer Society to those requesting them for donations of $20.00 or more. Whenever possible, all pledges should be collected in advance.

Registered Charity # 11882-9803-RR0003

Name	Address	City	Postal Code	Phone	Pledge Amount	PAID	Receipt Required
TOTALS (This page)							
GRAND TOTAL (Please add totals from both pages)							