

# 2010 PLEDGE FORM



PHOTOCOPY ADDITIONAL FORMS AS REQUIRED



Participant Name: \_\_\_\_\_

Host Golf Club: \_\_\_\_\_

\*\* Fundraise using pledge forms - Please make all cheques payable to [the Canadian Cancer Society](http://www.cancer.ca)

\*\* Fundraise online: <http://www.cancer.ca/golfforethecure>

**Example**

Donation Amount

<b>Name of Donor:</b> Cathy Williams	<b>Tel:</b> 905-555-5555	<b>\$50</b>	
<b>Address:</b> 1234 Avenue St.			
<b>City:</b> Toronto	<b>Province:</b> ON		<b>Postal Code:</b> 1A1 1A1
<b>Cash</b> <b>Cheque</b> <b>Credit Card</b> <input checked="" type="checkbox"/> 1234-5678-1234-5678	<b>Expiry Date:</b> 08/10		
<b>Signature (required for CC pledges):</b> <i>Cathy Williams</i>	<b>Email:</b> <a href="mailto:cwilliams@email.ca">cwilliams@email.ca</a>		

<b>Name of Donor:</b>	<b>Tel:</b>		
<b>Address:</b>			
<b>City:</b>	<b>Province:</b>		<b>Postal Code:</b>
<b>Cash</b> <b>Cheque</b> <b>Credit Card</b> <b>CC#</b>	<b>Expiry Date:</b>		
<b>Signature (required for CC pledges):</b>	<b>Email:</b>		

<b>Name of Donor:</b>	<b>Tel:</b>		
<b>Address:</b>			
<b>City:</b>	<b>Province:</b>		<b>Postal Code:</b>
<b>Cash</b> <b>Cheque</b> <b>Credit Card</b> <b>CC#</b>	<b>Expiry Date:</b>		
<b>Signature (required for CC pledges):</b>	<b>Email:</b>		

<b>Name of Donor:</b>	<b>Tel:</b>		
<b>Address:</b>			
<b>City:</b>	<b>Province:</b>		<b>Postal Code:</b>
<b>Cash</b> <b>Cheque</b> <b>Credit Card</b> <b>CC#</b>	<b>Expiry Date:</b>		
<b>Signature (required for CC pledges):</b>	<b>Email:</b>		

**Total Donations** (on this page) \$ \_\_\_\_\_

To reduce administrative costs, tax receipts will only be issued for donations of **\$25 or more**, and only if the donor's name and address are clearly printed and complete. Before submitting your donations, please confirm that the funds collected equal the total funds indicated on the form(s). If using more than one form, please total each form separately and provide a grand total on your first page.

I consent for the Canadian Cancer Society to collect the information provided above to use for follow-up contacts, statistical purposes and to process and recognize my donations. If I do not wish to receive a tax receipt, I am aware that I can use the name 'Anonymous'. Tax receipts cannot be issued to anonymous donors.



Let's Make Cancer History  
1 888 939-3333 | [www.cancer.ca](http://www.cancer.ca)



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Address:			
City:		Province:	Postal Code:
Cash Cheque Credit Card CC#		Expiry Date:	
Signature (required for CC pledges):		Email:	

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Address:			
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