



# 2019 PLEDGE FORM

**\* IMPORTANT**

- o Please make cheques payable to Ovarian Cancer Canada.
- o Please print clearly to ensure your receipt is accurate.
- o Tax receipts will be issued for donation amounts of **\$10 and more**. Tax receipts for other amounts are issued upon request.

## PARTICIPANT INFORMATION

Walk City ..... Team Name .....

Miss Ms. Mrs. Mr. Dr. First Name ..... Last Name .....

Tel (.....) ..... Email .....  English  Français  Sign up for e-Newsletter

Address ..... City ..... Prov. .... Postal Code .....

SUITE/APT./UNIT

## MY PERSONAL DONATION

**\* Please do not include online donations.**

Cash  Cheque

Credit Card: # ..... Expiry MM/YY ..... / ..... Signature ..... \$

## DONATIONS FROM SUPPORTERS

**\* Please do not include online donations.**

**1** Miss Ms. Mrs. Mr. Dr. Donor Name first, last ..... Tel (.....) ..... Email .....  EN  FR

Address ..... City ..... Prov. .... Postal Code .....  Sign up for e-Newsletter

SUITE/APT./UNIT

Cash  Cheque

Credit Card: # ..... Expiry MM/YY ..... / ..... Signature ..... \$

**2** Miss Ms. Mrs. Mr. Dr. Donor Name first, last ..... Tel (.....) ..... Email .....  EN  FR

Address ..... City ..... Prov. .... Postal Code .....  Sign up for e-Newsletter

SUITE/APT./UNIT

Cash  Cheque

Credit Card: # ..... Expiry MM/YY ..... / ..... Signature ..... \$

**3** Miss Ms. Mrs. Mr. Dr. Donor Name first, last ..... Tel (.....) ..... Email .....  EN  FR

Address ..... City ..... Prov. .... Postal Code .....  Sign up for e-Newsletter

SUITE/APT./UNIT

Cash  Cheque

Credit Card: # ..... Expiry MM/YY ..... / ..... Signature ..... \$

**4** Miss Ms. Mrs. Mr. Dr. Donor Name first, last ..... Tel (.....) ..... Email .....  EN  FR

Address ..... City ..... Prov. .... Postal Code .....  Sign up for e-Newsletter

SUITE/APT./UNIT

Cash  Cheque

Credit Card: # ..... Expiry MM/YY ..... / ..... Signature ..... \$

**5** Miss Ms. Mrs. Mr. Dr. Donor Name first, last ..... Tel (.....) ..... Email .....  EN  FR

Address ..... City ..... Prov. .... Postal Code .....  Sign up for e-Newsletter

SUITE/APT./UNIT

Cash  Cheque

Credit Card: # ..... Expiry MM/YY ..... / ..... Signature ..... \$

## CHARGE DONATIONS FROM SUPPORTERS TO ONE CREDIT CARD

\$

Please circle the donations from this page that should be charged to the credit card listed below. On page 1 of your pledge form(s), use the box to the left to indicate the total amount to charge this card. Determine this number by adding up circled entries from all your pledge forms.

**1** **2** **3** **4** **5**

Credit Card # ..... Expiry MM/YY ..... / ..... Signature .....

TOTAL FOR THIS PAGE \$

(including your personal donation)

### For Registration team use only

CA: \$ .....

CHQ: \$ .....

CC: \$ .....

TOTAL: \$ .....

Verifier (full name): .....

Ovarian Cancer Canada depends on the generosity of donors and volunteers. Personal information is being collected to process payments and issue tax receipts as applicable. Ovarian Cancer Canada does not sell, trade or otherwise share your information.

To have your information removed from our records, simply contact us at 1 877 413 7970 or info@ovariancancerwalkofhope.ca  
**Charitable Registration Number: 87297 4845 RR0001**  
205-145 Front St. East, Toronto, Ontario M5A 1E3

Ovarian Cancer Canada will issue charitable tax receipts no later than December 31, 2019

TOTAL FOR ALL PAGES \$