



COMMUNITY EVENT DONATION PLEDGE FORM

Use this form to record donor information and submit with proceeds.



All funds raised stay in Manitoba.

Please make all cheques payable to: **CancerCare Manitoba Foundation**

Event Name: _____ Event Date: _____

Contact Name: _____ Telephone No.: _____

FIRST & LAST NAME (PLEASE PRINT)	MAILING ADDRESS	CITY	POSTAL CODE	TELEPHONE / EMAIL		DONATION (\$)	CASH	CHEQUE
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THANK YOU FOR YOUR SUPPORT!

PRIVACY POLICY: CANCERCARE MANITOBA FOUNDATION GUARANTEES THAT WE DO NOT UNDER ANY CIRCUMSTANCES SELL, TRADE OR RELEASE THE FOUNDATION MAILING LIST. YOUR NAME CAN BE REMOVED FROM THE MAILING LIST BY WRITING OR ATTENDING THE CANCERCARE MANITOBA FOUNDATION OFFICE.

Registration No. 886886746 RRO001

Tax receipts will be sent electronically for donations of \$15 or more providing all fields are completed. Please print carefully.

TOTAL CASH DONATIONS:

TOTAL CHEQUE DONATIONS:

➔ GRAND TOTAL: