



# PLEDGE FORM

**\* IMPORTANT**

- o Please make cheques payable to Ovarian Cancer Canada.
- o Please print clearly to ensure your receipt is accurate.
- o Any credit card is accepted. We do not accept debit card such as Visa Debit.

## PARTICIPANT INFORMATION

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

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

Address SUITE/APT./UNIT ..... City ..... Prov. .... Postal Code .....

Tel (.....) ..... Email .....  Sign up for e-communications

## MY PERSONAL DONATION

Cheque  Cash

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

## DONATIONS FROM SUPPORTERS

**1** Miss Ms. Mrs. Mr. Dr. Donor Name first, last .....  Donation added in Participant Centre \$

Address SUITE/APT./UNIT ..... City ..... Prov. .... Postal Code .....

Tel (.....) ..... Email .....  EN  FR  Sign up for e-communications

Cheque  Cash

Credit Card: # ..... CVV Number: ..... Expiry MM/YY..... / ..... Signature .....

**2** Miss Ms. Mrs. Mr. Dr. Donor Name first, last .....  Donation added in Participant Centre \$

Address SUITE/APT./UNIT ..... City ..... Prov. .... Postal Code .....

Tel (.....) ..... Email .....  EN  FR  Sign up for e-communications

Cheque  Cash

Credit Card: # ..... CVV Number: ..... Expiry MM/YY..... / ..... Signature .....

**3** Miss Ms. Mrs. Mr. Dr. Donor Name first, last .....  Donation added in Participant Centre \$

Address SUITE/APT./UNIT ..... City ..... Prov. .... Postal Code .....

Tel (.....) ..... Email .....  EN  FR  Sign up for e-communications

Cheque  Cash

Credit Card: # ..... CVV Number: ..... Expiry MM/YY..... / ..... Signature .....

**4** Miss Ms. Mrs. Mr. Dr. Donor Name first, last .....  Donation added in Participant Centre \$

Address SUITE/APT./UNIT ..... City ..... Prov. .... Postal Code .....

Tel (.....) ..... Email .....  EN  FR  Sign up for e-communications

Cheque  Cash

Credit Card: # ..... CVV Number: ..... Expiry MM/YY..... / ..... Signature .....

**5** Miss Ms. Mrs. Mr. Dr. Donor Name first, last .....  Donation added in Participant Centre \$

Address SUITE/APT./UNIT ..... City ..... Prov. .... Postal Code .....

Tel (.....) ..... Email .....  EN  FR  Sign up for e-communications

Cheque  Cash

Credit Card: # ..... CVV Number: ..... Expiry MM/YY..... / ..... Signature .....

### 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

Tax receipts will be issued for donation amounts of \$20 and more. Tax receipts for other amounts are issued upon request. Ovarian Cancer Canada will issue charitable tax receipts no later than February 28 of the following year.

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|---------------------|----|
| TOTAL FOR THIS PAGE | \$ |
|---------------------|----|

(including your personal donation)

|                     |    |
|---------------------|----|
| TOTAL FOR ALL PAGES | \$ |
|---------------------|----|