

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

Fundraiser Name 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 \$

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

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

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Cheque Cash

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

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 diy@ovariancanada.org
Charitable Registration Number: 87297 4845 RR0001
316 – 4211 Yonge St, Toronto, Ontario M2P 2A9

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.

TOTAL FOR THIS PAGE \$

(including your personal donation)

TOTAL FOR ALL PAGES \$

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