

PLEDGE FORM

For office use only

Part. ID: _____

IMPORTANT

- o Please make cheques payable to Ovarian Cancer Canada.
- o Tax receipts cannot be issued if contact information is not legible and complete.
- o Tax receipts will automatically be issued for donation amounts of \$20 and over. All other tax receipts will be issued upon request.

YOUR PARTICIPANT INFORMATION

Event Name _____

Ms. Mrs. Mr. First Name _____ Last Name _____

Address (suite/apt./unit) _____

City _____ Province _____ Postal Code _____

Tel (_____) _____ Email _____ English Français

MAKE YOUR PERSONAL DONATION

Credit Card # _____ Expiry (MM/YY) _____ / _____

cash cheque credit card \$ _____

YOUR DONORS INFORMATION

1 Ms. Mrs. Mr. Donor Name (First/Last) _____ Tel (_____) _____ Email _____

Address (suite/apt./unit) _____ City _____ Province _____ Postal Code _____

Credit Card # _____ Expiry (MM/YY) _____ / _____ cash cheque credit card \$ _____

2 Ms. Mrs. Mr. Donor Name (First/Last) _____ Tel (_____) _____ Email _____

Address (suite/apt./unit) _____ City _____ Province _____ Postal Code _____

Credit Card # _____ Expiry (MM/YY) _____ / _____ cash cheque credit card \$ _____

3 Ms. Mrs. Mr. Donor Name (First/Last) _____ Tel (_____) _____ Email _____

Address (suite/apt./unit) _____ City _____ Province _____ Postal Code _____

Credit Card # _____ Expiry (MM/YY) _____ / _____ cash cheque credit card \$ _____

4 Ms. Mrs. Mr. Donor Name (First/Last) _____ Tel (_____) _____ Email _____

Address (suite/apt./unit) _____ City _____ Province _____ Postal Code _____

Credit Card # _____ Expiry (MM/YY) _____ / _____ cash cheque credit card \$ _____

5 Ms. Mrs. Mr. Donor Name (First/Last) _____ Tel (_____) _____ Email _____

Address (suite/apt./unit) _____ City _____ Province _____ Postal Code _____

Credit Card # _____ Expiry (MM/YY) _____ / _____ cash cheque credit card \$ _____

PAY THE ABOVE DONATIONS BY CREDIT CARD

Please circle on corresponding pages the donation(s) you are paying for: **1** **2** **3** **4** **5**

Credit Card # _____ Expiry (MM/YY) _____ / _____ \$ _____

PAGE TOTAL (including your donation) \$ _____

GRAND TOTAL \$ _____

PAGE _____ of _____

Opt-out clause:

Ovarian Cancer Canada (OCC) is dependent upon the generous support of donors and volunteers to fulfill its mission. OCC collects your personal information in order to process your registration and/or donation and to issue a tax receipt. Ovarian Cancer Canada does not sell, trade or otherwise share your information.

If at any time you wish for your information to be removed from our list, simply contact us by telephone at 1 877 413 7970 or by email at donations@ovariancanada.org

Charitable Registration Number: 87297 4845 RR0001

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CA: \$ _____

CQ: \$ _____

CC: \$ _____

TOTAL: \$ _____

Verifier (full name): _____