DONATION PLEDGE FORM

CancerCare Manitoba FOUNDATION

All funds raised stay in Manitoba.

Event Name: ..... Event Date: .....

Contact Name: ..... Telephone No.: .....

PLEASE MAKE ALL CHEQUES PAYABLE TO:
CancerCare Manitoba Foundation

Use this form to record donor information and submit with proceeds.
Receipts will automatically be mailed for donations of $15 or more providing all fields are completed. Please print carefully.

FIRST NAME	LAST NAME	ADDRESS	CITY	POSTAL CODE	PHONE	EMAIL	PLEDGE AMOUNT	CASH	CHEQUE
						TOTAL CASH DONATIONS:			
						TOTAL CHEQUE DONATIONS:			
						GRAND TOTAL:			

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 RR0001