DONATION PLEDGE FORM

OFFICE USE ONLY

Participant ID: .....
Appeal ID: .....
Team ID: .....
Received By: .....

Participant Name: ..... **Telephone #:** .....

(PLEASE INDICATE HOME, MOBILE OR WORK)

Mailing Address: .....

..... **Team Name:** .....

Email: ..... **Company Name:** .....

Use this form to record donor information and submit with proceeds.
Tax receipts will be sent electronically for donations of $15 or more *providing all fields are completed.* PLEASE PRINT.

FIRST NAME*	LAST NAME*	MAILING ADDRESS*	CITY*	POSTAL CODE*	TELEPHONE # Please indicate home, mobile or work	EMAIL I wish to help save on postage costs and receive all tax receipts electronically	CASH OR CHEQUE (#)	DONATION* AMOUNT	APPEAR AS ANONYMOUS**

***Information in fields required for issuing tax receipts**

Please make **cheques payable to CancerCare Manitoba Foundation**.

For credit card donations call 204-927-5433 or donate online at www.cancercarefdn.mb.ca.

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 VISITING THE CANCERCARE FOUNDATION OFFICE. Registration No. 88688 6746 RR0001.

Please return this form with your donations to:

CancerCare Manitoba Foundation
ON1160-675 McDermot Ave
Winnipeg MB R3E 0V9

Please do not send cash donations in the mail.

→ **GRAND TOTAL**

**Donor's name will appear as "Anonymous" on participant's webpage