LEMONADE
STANDS FOR HOPE
CancerCare Manitoba FOUNDATION

DONATION PLEDGE FORM

Participant	ID:
Appeal ID:	
Team ID:	

OFFICE USE ONLY

Participant Name:	. Telephone #:	Received By:
	(PLEASE INDICATE HOME, MOBILE OR WORK)	
Mailing Address:		
	Stand 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 (#)	APPEAR AS ANONYMOUS**
*Information in fields an	uired for issuing tay receipts							

*Information in fields required for issuing tax receipts

Please make cheques payable to CancerCare Manitoba Foundation.

For credit card donations call 204-784-2777 or donate online at www.lemonadeforhope.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.

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

Thank you for taking a stand against cancer and creating hope for Manitobans and their families touched by cancer.