



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Website \_\_\_\_\_ Team Name \_\_\_\_\_

I understand that the funds I raise will be used to support the mission of The Leukemia & Lymphoma Society of Canada.

Signature of Participant (or Guardian if under 18)

**IMPORTANT:**

1. Print clearly and legibly
2. Make cheques payable to  
The Leukemia & Lymphoma Society of Canada
3. A tax receipt will be issued for donations of \$25 or more
4. Check to see if your company will match your donation.  
Send your company's gift matching form with your pledge form to the address listed below
5. For any help, questions or comments please contact  
**604-733-2873**

**PLEDGES**

**AMOUNT** **PAID**  
[✓]

1	FIRST NAME _____ LAST NAME _____ ( ) _____	AREA CODE _____ PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	<input type="radio"/>
	APT. # _____ STREET ADDRESS _____ CITY _____	PROV _____ POSTAL CODE _____			
	EMAIL _____ OPT OUT* <input type="radio"/>				
2	FIRST NAME _____ LAST NAME _____ ( ) _____	AREA CODE _____ PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	<input type="radio"/>
	APT. # _____ STREET ADDRESS _____ CITY _____	PROV _____ POSTAL CODE _____			
	EMAIL _____ OPT OUT* <input type="radio"/>				
3	FIRST NAME _____ LAST NAME _____ ( ) _____	AREA CODE _____ PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	<input type="radio"/>
	APT. # _____ STREET ADDRESS _____ CITY _____	PROV _____ POSTAL CODE _____			
	EMAIL _____ OPT OUT* <input type="radio"/>				
4	FIRST NAME _____ LAST NAME _____ ( ) _____	AREA CODE _____ PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	<input type="radio"/>
	APT. # _____ STREET ADDRESS _____ CITY _____	PROV _____ POSTAL CODE _____			
	EMAIL _____ OPT OUT* <input type="radio"/>				
5	FIRST NAME _____ LAST NAME _____ ( ) _____	AREA CODE _____ PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	<input type="radio"/>
	APT. # _____ STREET ADDRESS _____ CITY _____	PROV _____ POSTAL CODE _____			
	EMAIL _____ OPT OUT* <input type="radio"/>				

**PLEASE RETURN THIS PLEDGE FORM AND ALL CORRESPONDING DONATIONS TO:**

The Leukemia & Lymphoma Society of Canada  
310-1682 West 7th Avenue, Vancouver, BC V6J 4S6

**OFFICE USE ONLY:**

**CODING:**

TOTAL CASH \_\_\_\_\_

TOTAL CHEQUE \_\_\_\_\_

TOTAL \_\_\_\_\_

**SHEET TOTAL: \$** \_\_\_\_\_

**PAGE \_\_\_\_\_ OF \_\_\_\_\_**



\*Opt Out: The Leukemia & Lymphoma Society of Canada (LLSC) collects personal information requested on this form to communicate about the LLSC and its fundraising activities. LLSC does not sell, trade or share your information. If you wish to opt out of receiving information from the LLSC, please check the above or contact us at 1-866-547-5433. The Leukemia & Lymphoma Society of Canada - Charitable Business No. 107623654 RR0001