

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

Address \_\_\_\_\_

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

Team Name \_\_\_\_\_ Registration ID \_\_\_\_\_

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

**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

**OFFICE USE ONLY:**

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

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

TOTAL \_\_\_\_\_

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

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