



# PLEDGE FORM

PARTICIPANT INFORMATION - Please Complete the form

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Walk Location \_\_\_\_\_

## MOTHER'S DAY WALK



BREAST CANCER SOCIETY  
of Canada™  
LA SOCIÉTÉ DU CANCER DU SEIN  
du Canada™

### IMPORTANT DONOR INFORMATION:

- Please remember to print clearly.
- DO NOT record online pledges on the printable donation forms.
- Tax receipts will be issued for donations of \$20 or more.
- If you provide an email address along with your physical address, you will receive your tax receipt by email rather than mail.
- All cheques must be made payable to Breast Cancer Society of Canada  
Mailing address:  
415 Exmouth Street Unit # 101  
Sarnia, ON N7T 8A4

Donor first Name		Donor Last Name		Pledge Amount	Receipt
Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

Donor first Name		Donor Last Name		Pledge Amount	Receipt
Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

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Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

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Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

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Address				\$	Yes
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Email				Cheque <input type="checkbox"/>	

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Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

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Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

Donor first Name		Donor Last Name		Pledge Amount	Receipt
Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

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Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

Donor first Name		Donor Last Name		Pledge Amount	Receipt
Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

Donor first Name		Donor Last Name		Pledge Amount	Receipt
Address				\$	Yes
City	Prov.	Postal Code		Cash <input type="checkbox"/>	<input type="checkbox"/>
Email				Cheque <input type="checkbox"/>	

**Walk Waiver/Release**

In consideration for participating in the Mother's Day Walk ("Walk"), I waive and release any and all claims that I and/or my heirs, executors, administrators, agents, insurers, assigns and other legal representatives have or may have against Breast Cancer Society of Canada and its administrators, trustees, officers, directors, agents, employees, volunteers, successors, affiliates, sponsors and other legal representatives, both present and future for any accident, injury, illness, death or other claim, in law or equity, which may result, directly or indirectly, from my participation in the Walk. I permit the use of my name, amount raised, picture and video to be used in any and all forms and types of publicity produced in connection with the Walk or Breast Cancer Society of Canada including, but not limited to, the purposes of marketing, promoting or otherwise reporting relating to the Walk or Breast Cancer Society of Canada. I am physically fit to participate in the Walk. I have read, understand and agree with the content of this waiver/release prior to participating in the Walk. If I have an accompanying participant under the age of majority, I confirm I am signing this waiver/release on his or her behalf.

Verified Online Donation Total

Pledge Sheet Total

GRAND TOTAL


Signature: \_\_\_\_\_ Date: \_\_\_\_\_