

DONATION PLEDGE FORM

USE THIS FORM TO RECORD
DONOR INFORMATION
AND SUBMIT WITH PROCEEDS.



Event Name: Event Date:
Contact Name: Telephone No.:

PLEASE MAKE ALL CHEQUES PAYABLE TO:
CancerCare Manitoba Foundation

FIRST & LAST NAME (PLEASE PRINT)	MAILING ADDRESS	CITY	POSTAL CODE	TELEPHONE /EMAIL	DONATION	CASH	CHEQUE
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THANK YOU FOR YOUR SUPPORT!

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 ATTENDING THE CANCERCARE MANITOBA FOUNDATION OFFICE.
Registration No. 886886746 RR0001

Tax receipts will be sent electronically for donations of \$15 or more *providing all fields are completed.*
Please print carefully.

For credit card donations please call 204-784-2777
or donate online at www.cancercarefdn.mb.ca.

TOTAL CASH DONATIONS:	
TOTAL CHEQUE DONATIONS:	
➔ GRAND TOTAL:	