

Help Kick PancreAS!



For issuing of income tax receipts, please ensure name and address are complete. Otherwise, a receipt cannot be issued.

| A receipt will be issued for pledges of \$20 or mo | A receipt will | be issued | for pledges | of \$20 or | more |
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| Name: | | | A receipt will be issued for pledges of \$20 or more. | | | | |
|-----------------|------------------------|--------------------|-------------------------------------------------------|----------------------------------------|-------------------|------------------|--|
| Address: | | | | Please make sure all chequ | | e payable to | |
| City: | Postal Code: | | | Craig's Cause Pancreatic Cancer Societ | | | |
| Tel: | Email: | | | | | | |
| | | | | | Amount Pledged | Amount collected | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| Name: | Address: | | Tel: | | | | |
| City: | Province: | Postal Code: | Email: | | | | |
| | : www.craigscause.ca | Craig's Cause Panc | reatic Cancer Society Add | ress: To | tal: | | |
| Charles Barrier | - N. 04225 2750 BB0001 | | | _ | | | |