

CANADA DAY ROAD RACE PLEDGE FORM

In support of Cops for Cancer in benefit of the Canadian Cancer Society.

Charitable Tax Receipt #11882 9803 RR003

Tax receipts will be issued to pledger's of \$10 or more.

Make cheques payable to the **Canadian Cancer Society**.

Participants Name: _____

Address: _____ Postal Code: _____

Phone Number: _____

Name: _____

Address: _____ Postal Code: _____

Credit Card No: _____ Exp. Date: MM / DD / YY

Cash Cheque Visa Amex

AMOUNT: \$

Name: _____

Address: _____ Postal Code: _____

Credit Card No: _____ Exp. Date: MM / DD / YY

Cash Cheque Visa Amex

AMOUNT: \$

Name: _____

Address: _____ Postal Code: _____

Credit Card No: _____ Exp. Date: MM / DD / YY

Cash Cheque Visa Amex

AMOUNT: \$

Name: _____

Address: _____ Postal Code: _____

Credit Card No: _____ Exp. Date: MM / DD / YY

Cash Cheque Visa Amex

AMOUNT: \$

Name: _____

Address: _____ Postal Code: _____

Credit Card No: _____ Exp. Date: MM / DD / YY

Cash Cheque Visa Amex

AMOUNT: \$

TOTAL: \$