



Pledge Form

Name: _____ Email: _____
 Street: _____ City: _____ Prov: _____
 Postal Code: _____ Phone #: _____

Sled Ride

*** Please note all riders must collect a minimum of **\$150.00** in donations ***

All cheques for pledges are to be made payable to **Prostate Cancer Canada**
 Receipts will be issued for donations of \$20 or more. Donor's name and address must be complete and legible to receive a tax receipt
 NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency.

Charitable Foundation Number: 84934 9568 RR0001

First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address		Pledge Amount \$	
Visa#		Exp. Date	
Mastercard #			
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address		Pledge Amount \$	
Visa #		Exp. Date	
Mastercard #			
First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address		Pledge Amount \$	
Visa #		Exp. Date	
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First Name	Last Name	Phone ()	
Street Address	City	Prov.	Postal Code
Email Address		Pledge Amount \$	
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