

Batting Against Breast Cancer



Canadian
Cancer
Society



AIRDRIE-CALGARY | ST. ALBERT-EDMONTON

Name of Participant _____

Team Name _____

Participant Mailing Address _____

Telephone/Email _____

Have you registered online at cancer.ca/BABC? (circle one) Yes / No

Each participant's pledge form must have full contact information to be included in individual fundraising total. It is the donor's responsibility to be in compliance with the Income Tax Act and the policies of Canada Revenue Agency.

Pledge Form

CHEQUES MADE PAYABLE TO: CANADIAN CANCER SOCIETY. DONATIONS OF \$20 OR MORE WILL BE ISSUED A TAX RECEIPT. FIELDS MARKED BY AN ASTERISK * ARE REQUIRED IN ORDER TO RECEIVE A TAX RECEIPT. PLEASE TRACK EVENT, SPONSOR or SILENT AUCTION ON A SEPARATE TRACKING FORM. AS PER CRA GUIDELINES MERCHANDISE SALES, SILENT AUCTION WINNING BIDS, REGISTRATION FEES AND GROUP FUNDRAISING ARE NOT ELIGIBLE FOR A TAX RECEIPT.

Donor & donation information. Donor name and full mailing address required to process charitable tax receipts.	Cash or Cheque?	Donation Amount \$	Entered Online?	Tax Receipt Req
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CASH		Y	Y
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CHQ		N	N
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CASH		Y	Y
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CHQ		N	N
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CASH		Y	Y
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CHQ		N	N
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CASH		Y	Y
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CHQ		N	N
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CASH		Y	Y
First Name: _____ Last Name: _____ <input type="checkbox"/> Opt Out* Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Email: _____	CHQ		N	N
Total:				

* I withdraw my consent for the Canadian Cancer Society to use my information for anything other than the purposes of processing my donation.

Canadian Cancer Society
200, 325 Manning Road NE, Calgary AB, T2E 2P5

Charitable Registration No. 118829803 RR 0001
Phone: 888-939-3333 | Cancer.ca | Connect@cancer.ca