

Ovarian Cancer Canada Walk of Hope

Pledge Form

PARTICIPANT CONTACT INFORMATION

Mr. Ms. Mrs. Last Name _____ First Name _____

Address _____ City _____ Province _____

Postal Code _____ Team Name _____

Email Address _____ Preferred Language English French

Walk city:

- Comox Valley, BC Victoria, BC Vancouver, BC Edmonton, AB Calgary, AB Saskatoon, SK Winnipeg, MB
 Toronto, ON Windsor, ON Ottawa, ON Barrie, ON Montreal, QC Moncton, NB Halifax, NS
 St. John's, NL

Mini Walk of Hope Location: _____

PLEASE PRINT CLEARLY THIS PLEDGE FORM IS FOR TRACKING OFFLINE PLEDGES ONLY

Please make cheques payable to Ovarian Cancer Canada

PLEASE NOTE: TAX RECEIPTS CANNOT BE ISSUED IF CONTACT INFORMATION IS ILLEGIBLE OR INCOMPLETE. FOR DONATIONS OF LESS THEN \$20, RECEIPTS WILL ONLY BE ISSUED UPON REQUEST.

1 Mr. Ms. Mrs. Donor's Name (Please Print Clearly) _____

Preferred Language English French Opt out* Tax Receipt Requested Yes No Amount _____

Address _____ City _____ Prov. _____ Postal Code _____

PAID Email address _____ Credit Card # _____ Expiry _____

2 Mr. Ms. Mrs. Donor's Name (Please Print Clearly) _____

Preferred Language English French Opt out* Tax Receipt Requested Yes No Amount _____

Address _____ City _____ Prov. _____ Postal Code _____

PAID Email address _____ Credit Card # _____ Expiry _____

3 Mr. Ms. Mrs. Donor's Name (Please Print Clearly) _____

Preferred Language English French Opt out* Tax Receipt Requested Yes No Amount _____

Address _____ City _____ Prov. _____ Postal Code _____

PAID Email address _____ Credit Card # _____ Expiry _____

4 Mr. Ms. Mrs. Donor's Name (Please Print Clearly) _____

Preferred Language English French Opt out* Tax Receipt Requested Yes No Amount _____

Address _____ City _____ Prov. _____ Postal Code _____

PAID Email address _____ Credit Card # _____ Expiry _____

To print off additional pledge forms please visit www.ovariancancerwalkofhope.ca

TOTAL PLEDGES

Opt-out clause: Ovarian Cancer Canada (OCC) is dependent upon the generous support of donors and volunteers to fulfill its mission. OCC collects your personal information in order to process your registration and/or donation and to issue a tax receipt. Ovarian Cancer Canada does not sell, trade or otherwise share your information. If at any time you wish for your information to be removed from our list, simply contact us by telephone at 1-877-413-7970 or by email at info@ovariancancerwalkofhope.ca

Charitable Registration Number: 87297 4845 RR0001

OFFLINE PLEDGES ONLY