Canadian Cancer Society / Société canadienne du cancer

PLEDGE FORM

Office Use Only

Participant #_____

Event Name: Curl For Cancer Funspiel 2008 **Event Date:** October 18, 2008

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other First Name: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Tel: _____ Bus Tel: _____ E-mail: _____

Age Range (Optional): ☐ Under 18 ☐ 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ Gender (Optional) ☐ **Male** ☐ **Female**

Will you deliver your receipts to your sponsors? ☐ **Yes** ☐ **No**

Charitable registration no. **11882 9803 RR0006**

- **Tax receipts will be issued for $20 or more, unless otherwise requested.**
- **The donor's complete name and address must be clearly printed below for receipts to be issued.**
- **All cheques should be payable to: *Canadian Cancer Society*.**

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROV.	POSTAL CODE	PHONE	PLEDGE	COLLECTED	RECEIPT NO.
Autumn	*Walker*	*123 Main Street*	*My Town*	*ON*	*A1B 2C3*	*(416) 555-1234*	*$20*		*1234*

TOTAL PLEDGES: $

Total Collected: $ | **Balance Remaining: $** | **Outstanding Received: $**

Participant Permission and Release Agreement

By participating in a Canadian Cancer Society event: I grant permission to the Canadian Cancer Society to photograph and videotape me in the course of my participation in the event, and to use my name and any photographs and videotapes of me for Canadian Cancer Society purposes in any media and territory in perpetuity. I waive and release any and all claims for myself, my heirs, executors and administrators against the Canadian Cancer Society, its agents, employees and licensees and any sponsors, officials, volunteers and organizers of the event in conjunction with any injury, illness, or death, or loss or damage to property, which may directly or indirectly result from my participation in this event, and any claim arising in connection with the use of my name or any photographs or videotapes of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to participate in the event and contribute to the activities of the Canadian Cancer Society. I warrant that I am fit to participate in this event. If a participant is under 18 years of age then a parent/guardian **must** sign this agreement on the participant's behalf.

Name of Participant: _____ **Signature:** _____ **Date:** _____

We respect your privacy. The Society collects your personal information in order to process your donation and to issue a tax receipt. We may also contact you from time to time with information about other ways you can help us in our fight against cancer. If you prefer not to receive this kind of communication from us or for more information about our privacy practices: **www.cancer.ca 1 800 268-8874, press 1, ext. 2257 | e-mail: privacy@ontario.cancer.ca.** The provision of age and gender information is optional and used only for internal marketing and statistical purposes.

THANK YOU FOR YOUR SUPPORT!