

PLEDGE FORM
 Scotiabank Half Marathon & 5km
 June 24, 2018

Participant Name: _____

Email: _____ Phone: _____

Mailing Address: _____

Event: 5km half marathon

Sponsor Information

Receipts will be issued for donations of \$10 or greater. Please make sure your complete address is included and legible.

Please make cheques payable to: **TUMOUR FOUNDATION OF BC**

AMOUNT
RECEIVED

<i>Name</i>	<i>Phone</i>	<i>Email</i>		
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
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Donations can be mailed to: Tumour Foundation of BC 19172 West Fourth Avenue PO Victoria, BC V6K 4R8			Total Donations	
			Total Money Collected	

Charitable Registration Number: 130141352 RR0001

Together, we can make a difference.

