



Pledge Form - Scotiabank Charity Challenge

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>	
<i>Name</i>	<i>Phone</i>	<i>Email</i>		
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
<i>Name</i>	<i>Phone</i>	<i>Email</i>		
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
<i>Name</i>	<i>Phone</i>	<i>Email</i>		
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
<i>Name</i>	<i>Phone</i>	<i>Email</i>		
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
<i>Name</i>	<i>Phone</i>	<i>Email</i>		
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
<i>Name</i>	<i>Phone</i>	<i>Email</i>		
<i>Address</i>	<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
Donations can be mailed to: The BCNF PO Box 5339 Victoria, BC V6G 2J7				Total Donations
				Total Money Collected

Charitable Registration Number: 130141352 RR0001

Together, we can make a difference.