

# 2019 PLEDGE FORM



Participant: \_\_\_\_\_

Host Golf Club: \_\_\_\_\_



Donate online to receive an automatic tax receipt for any contribution. Visit [www.golfforethecure.ca](http://www.golfforethecure.ca) for more details.

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|--|-----------------|----------------|
| Name:  | Donation Amount |                |
| Street Address:  |                 |                |
| City:  | Province:       | Postal Code:   |
| Phone:   | Email:          |                |
| Signature (required for CC pledges):   |                 |                |
| Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> |                 |                |
| Credit card #:   | Expiry Date:    | Security Code: |

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**Please make all cheques payable to Canadian Cancer Society.**

To reduce administrative costs, tax receipts will be issued only for donations of \$20 or more, and only if the donor's name and address are clearly printed and complete. If you do not wish to receive a tax receipt, you may use the name 'Anonymous' instead of your personal particulars. Tax receipts cannot be issued to anonymous donors. You may also donate online - <http://www.cancer.ca/golfforethecure> - and receive an electronic tax receipt within 3 business days.

By completing this form you consent for the Canadian Cancer Society to collect the information provided above to use for tax receiving, gift recognition and statistical purposes. Please make additional copies of the form as needed.

