

I understand that the funds I raise will be used to support the mission of The Leukemia & Lymphoma Society of Canada.

Signature of Participant (or Guardian if under 18)

IMPORTANT:

1. Print clearly and legibly
2. Make cheques payable to The Leukemia & Lymphoma Society of Canada
3. A tax receipt will be issued for donations of \$25 or more
4. Check to see if your company will match your donation. Send your company's gift matching form with your pledge form to the address listed below
5. For any help, questions or comments please contact

PLEDGES						AMOUNT	PAID [✓]	
1	FIRST NAME _____	LAST NAME _____	AREA CODE () _____	PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	○	
	APT. # _____	STREET ADDRESS _____	CITY _____	PROV _____				POSTAL CODE _____
	EMAIL _____							OPT OUT* <input type="radio"/>
2	FIRST NAME _____	LAST NAME _____	AREA CODE () _____	PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	○	
	APT. # _____	STREET ADDRESS _____	CITY _____	PROV _____				POSTAL CODE _____
	EMAIL _____							OPT OUT* <input type="radio"/>
3	FIRST NAME _____	LAST NAME _____	AREA CODE () _____	PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	○	
	APT. # _____	STREET ADDRESS _____	CITY _____	PROV _____				POSTAL CODE _____
	EMAIL _____							OPT OUT* <input type="radio"/>
4	FIRST NAME _____	LAST NAME _____	AREA CODE () _____	PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	○	
	APT. # _____	STREET ADDRESS _____	CITY _____	PROV _____				POSTAL CODE _____
	EMAIL _____							OPT OUT* <input type="radio"/>
5	FIRST NAME _____	LAST NAME _____	AREA CODE () _____	PHONE _____	<input type="radio"/> CASH <input type="radio"/> CHEQUE	<input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> \$100 <input type="radio"/> OTHER: _____	○	
	APT. # _____	STREET ADDRESS _____	CITY _____	PROV _____				POSTAL CODE _____
	EMAIL _____							OPT OUT* <input type="radio"/>

PLEASE RETURN THIS PLEDGE FORM AND ALL CORRESPONDING DONATIONS TO:

The Leukemia & Lymphoma Society of Canada

OFFICE USE ONLY:

TOTAL CASH _____

TOTAL CHEQUE _____

TOTAL _____

SHEET TOTAL: \$ _____

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