

First Name _____ Last Name _____

Address _____

City _____ Prov. _____ Postal Code _____ Phone Number () _____

Team Name _____ Registration ID _____

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: _____ | <input type="radio"/> |
| | 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: _____ | <input type="radio"/> |
| | 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: _____ | <input type="radio"/> |
| | 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: _____ | <input type="radio"/> |
| | 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: _____ | <input type="radio"/> |
| | 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: \$ _____

PAGE _____ **OF** _____

Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families.

*Opt Out: The Leukemia & Lymphoma Society Of Canada (LLSC) collects personal information requested on this form to communicate about the LLSC and its fundraising activities. LLSC does not sell, trade or share your information. If you wish to opt out of receiving information from the LLSC, please check the above or contact us at 1-866-600-0567. The Leukemia & Lymphoma Society of Canada - Charitable Business No. 107623654 RR0001