

PARTICIPANT INFORMATION (First Name	please print clearly. Required information) Last Name 				
Address				Suite/Apt#	
City		Prov.	Postal Code		
Email		Phone			
GENERAL INFORMATION		1			
Team Name (if applicable):		Ma	ale Female		

DONOR INFORMATION (please print clearly and complete all fields). Collecting pledges is optional but encouraged.

TAX RECEIPTS: Receipts will be issued for all donations of \$15 or more unless requested. If name, address and/or postal code cannot be read, or is incomplete NO TAX RECEIPT WILL BE ISSUED.

Donor Name / Phone # / Email Addres	SS	Address		Paid Amount / Payment Method	Paid
First/Last			Suite/Apt#	\$	Paid □
Phone	Email	City	Prov. Postal Code	Cash □ Cheque□	
First/Last			Suite/Apt#	\$	Paid□
Phone	Email	City	Prov. Postal Code	Cash □ Cheque□	
First/Last			Suite/Apt#	\$	Paid□
Phone	Email	City	Prov. Postal Code	Cash □ Cheque□	1
First/Last			Suite/Apt#	\$	Paid□
Phone	Email	City	Prov. Postal Code	Cash □ Cheque□	'
First/Last			Suite/Apt#	\$	Paid□
Phone	Email	City	Prov. Postal Code	Cash □ Cheque□	<u>'</u>
First/Last			Suite/Apt#	\$	Paid□
Phone	Email	City	Prov. Postal Code	Cash □ Cheque□	1
First/Last	1		Suite/Apt#	\$	Paid□
Phone	Email	City	Prov. Postal Code	Cash ☐ Cheque☐	1

Please mail pledge sheet with donations to: Melanoma Canada #207 - 466 Speers Rd, Oakville, Ontario L6K 3W9

Please d

Please do not send cash in the mail. Please hold onto cash and replace with a cheque. Donations must be received by March 31, 2026.

TOTAL PLEDGES (this form only)

