



PARTICIPANT INFORMATION (please print clearly. Required information)			
First Name		Last Name	
Address			Suite/Apt#
City		Prov.	Postal Code
Email		Phone	
GENERAL INFORMATION			
Team Name (if applicable):			Male 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 Address		Address			Paid Amount / Payment Method	Paid
First/Last		Suite/Apt#			\$	Paid <input type="checkbox"/>
Phone	Email	City	Prov.	Postal Code	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	
First/Last		Suite/Apt#			\$	Paid <input type="checkbox"/>
Phone	Email	City	Prov.	Postal Code	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	
First/Last		Suite/Apt#			\$	Paid <input type="checkbox"/>
Phone	Email	City	Prov.	Postal Code	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	
First/Last		Suite/Apt#			\$	Paid <input type="checkbox"/>
Phone	Email	City	Prov.	Postal Code	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	
First/Last		Suite/Apt#			\$	Paid <input type="checkbox"/>
Phone	Email	City	Prov.	Postal Code	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	
First/Last		Suite/Apt#			\$	Paid <input type="checkbox"/>
Phone	Email	City	Prov.	Postal Code	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	
First/Last		Suite/Apt#			\$	Paid <input type="checkbox"/>
Phone	Email	City	Prov.	Postal Code	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	

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

Please do not send cash in the mail. Please hold onto cash and replace with a cheque. Donations must be received by March 31, 2024.

TOTAL PLEDGES
(this form only)

