Official Pledge Form

Participant Information:

Donation Collector Name:	
Organization/School (if applicable):	
Address:	Postal/Zip Code:
Telephone #:	E-mail Address:

Raising Funds For: (Please check one)

- ❑ ***Colorectal Cancer Association of Canada***
- ❑ ***The Credit Valley Hospital Foundation***
- ❑ ***Trillium Health Centre Foundation***
- ❑ ***YMCA Mississauga***
- ❑ ***Jerry Love Children's Fund***
- ❑ ***United Way of Peel***
- ❑ ***MS Society of Canada***
- ❑ ***Other:*** _____

Donor Information:

Please PRINT clearly. Please note that tax receipts will be generated for donations of $20 or more. Kindly write a cheque for the full cash amount. **PLEASE MAKE CHEQUES PAYABLE TO THE CHARITY OF CHOICE.**

Donor Name	Address	Postal Code/ Zip Code	Telephone #	Donation Amount	$
			TOTAL DONATIONS:		

Collecting Donations – Helpful Hints:

1. Ask everyone: family, relatives, friends, neighbours, and business colleagues.
2. Ask for and collect a *lump sum donation* from donor *immediately.*
3. Please only remit this form when all donations on this form are collected.
4. Donations must be submitted at the Runners Expo either Friday or Saturday of race weekend.

Privacy Statement:

The above foundations respect your privacy and protect your personal information and therefore do not rent, sell or trade mailing lists. The information you provide will be used to issue tax receipts and to keep you informed of the foundations' activities. If you would like to be removed from contact lists, please contact the individual foundation and they can accommodate your request.