



PLEDGE FORM

Last Name: _____ First Name: _____

Phone Number: () _____ Alt Number: () _____

Address: _____ Apt#: _____ City: _____ Province: _____

Postal Code: _____ Email: _____

Please read the following instructions.

Collect pledges and donor information using this form. Please ensure **donor mailing information is complete and legible**. Donations should be made by cheques payable to **Childhood Cancer Foundation**. To make an online donation to Small Hands please visit www.smallhands.ca. Receipts will be issued for gifts of \$20 and over, unless otherwise requested. Please ensure that you keep all monies collected and attached to the pledge form - Do Not Separate. For each donation please indicate what type of donation was collected, i.e. Cash, Cheque or money order. Thank you.

Pledge Information *(Please print clearly)*

Full Name	Complete Mailing Address	Daytime Phone	Amt Collected	Donation Type	Email (required for e- receipt)
<i>John Doe</i>	<i>123 Main St. Apt. # 201, Toronto, ON M4R 2X3</i>	<i>416 123-4567</i>	<i>\$50</i>	<i>Cheque</i>	<i>john_doe@hotmail.com</i>

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Total Cash Collected: _____
Total Cheque/Money Order Collected: _____

If you would like to learn more about the Small Hands event or the Childhood Cancer Foundation please visit us at www.smallhands.ca or phone our toll free number at 1-800-363-1062.
Charity Registration #131897654 RR0001

Thank you for your support!