



Pledge Form - Thank You For Your Donation.

Please return this form with your donation to:
 Alberta Cancer Foundation
 710-10123 99 St. NW Edmonton, AB T5J 3H1

Please make cheques payable to the Alberta Cancer Foundation All donations over \$15.00 will receive a tax receipt albertacancer.ca | Charitable Business Number: 11878 0477 RR0001

Participant Information

Participant Name		Event Name	
Address		City, Province	Postal Code
Phone	Email		

Pledged By (Name)	Address	City, Province, Postal Code	Email	Phone	Cash	Cheque	Cheque Number	Anonymous Online*	Donation Amount
									\$
									\$
									\$
									\$
									\$
									\$
									\$

Thank you for making life better for Albertans facing cancer

albertacancer.ca | 1.866.412.4222 | Charitable Business Number: 11878 0477 RR0001

Total \$

*Must match total of cheques and cash submitted with form. Please attach all collected pledges to the corresponding pledge sheet. Make a copy of this form to collect outstanding pledges. If you make an error, please completely cross out that row and continue on the next line. According to CRA guidelines, all donations are non-refundable. Visit albertacancer.ca/privacy to learn more about our privacy policies.

Participant Name _____

Event Name _____

Phone _____

Cash Breakdown

_____ X \$0.05 = _____

_____ X \$0.10 = _____

_____ X \$0.25 = _____

_____ X \$1.00 = _____

_____ X \$2.00 = _____

_____ X \$5.00 = _____

_____ X \$10.00 = _____

_____ X \$20.00 = _____

_____ X \$50.00 = _____

_____ X \$100.00 = _____

Total Cash	\$ _____
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(A) CASH = _____
(TOTAL CASH)

(B) CHEQUES = _____
(TOTAL SUM OF CHEQUES (\$))

(C) TOTAL = _____
(A + B)

(D) PLEDGE SHEET TOTAL = _____

(E) DONATION FORM TOTAL = _____

(F) TOTAL SUM OF FORMS = _____
(D + E)

(G)* DIFFERENCE = _____
(C - F)

Notes to Participants

- Overages will be credited to the participant.
- Shortages must be corrected prior to submission.
- We cannot attribute pledge/donations forms to teams.

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Participant Signature _____

Registration Volunteer Signature _____

