Mother's Day Walk 2017 Pledge Sheet

Name of Participant

Phone ( )

Address

City

Province

Postal Code

Email Address

Walk Location

PRINT & ATTACH ONLINE DONATION DETAILS

DONOR (First/Last Name)	Street Address/Unit#/City/Province/Postal Code	Donation
Jane Doe	123 Main Street, Box 20, City, Province, N2V 1B1	$50.00

Waiver

In signing this release, I acknowledge that I understand the intent thereof, and I hereby agree and absolve and hold harmless the Breast Cancer Society of Canada, cleo, mall management, companies, sponsors, co-operating events and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability for an injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 2017 Breast Cancer Society of Canada and cleo Mother's Day Walk or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name and/or photograph in connection with this event. Furthermore, I give permission to allow the Breast Cancer Society of Canada and/or cleo to send/email me information periodically.

Signature: _____

Verified Online Donation Total

Pledge Sheet Total

GRAND TOTAL

Verified By / Store No. /

BCSC Pink Scarf Received ☐

BCSC Socks Received ☐

cleo Coupon Received ☐

cleo Gift Voucher Received ☐

No Incentive Gift Required ☐

Please tear off and give to participant.

Together we are making a difference!

WALK DETAILS

The Breast Cancer Society of Canada and cleo thank you for your support

All pledges are due no later than the day of the walk. For your convenience, cleo store location accept cash, debit and credit cards (sorry no cheques). Park locations accept cash and cheques made payable to Breast Cancer Society of Canada. Tax receipts will be issued for amounts of $20 and over providing all necessary information is provided. Charitable Registration BN#137969861RR0001

MOTHER'S DAY WALK RECEIPT

Name _____

Walk (city) _____

Walk Location (ie: Park, Mall) _____

GRAND TOTAL

Verified By / Store No. /

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BCSC Socks Received ☐

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BREAST CANCER SOCIETY of Canada™

LA SOCIÉTÉ DU CANCER DU SEIN du Canada

cleo

www.mothersdaywalk.ca