



PARTICIPANT INFORMATION - please complete the form details below:

First Name	Last Name	Telephone
Address		
City	Province	Postal Code
Email		

IMPORTANT INFORMATION:

- Please remember to print clearly.
- DO NOT record online pledges on the printable donation forms.
- Tax receipts will be issued for donations of \$20 or more.
- If you provide an email address along with your physical address, you will receive your tax receipt by email rather than mail.
- All cheques must be made payable to Breast Cancer Canada.

Sponsor information

Name of Sponsor			Amount Collected from Sponsor
Sponsor Full Address			
	Postal Code	Phone	\$
Sponsor Email			
			Tax receipt required (donation of \$20 or more) <input type="checkbox"/>

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Sponsor Email			
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Charitable Registration Number: 13796 9861 RR0001

Pledge Total \$ _____
