



Campbell's Jump for the Cure Pledge Form 2017



Participant Name: _____

Team Name (if applicable): _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Your donation makes a difference in the fight for life! Thanks to the generosity of donors, the Cancer Society is able to provide programs and services to Manitobans on a cancer journey, and helps to fund research that is saving lives. Thank you for your support.

Your supporters' information:

Please print clearly. No receipts can be issued without complete name and address information

Please make cheques payable to the Canadian Cancer Society

Receipts will be automatically mailed for donations of \$20 or more.

Name	Mailing Address	City/Town	Postal Code	Donation \$
Telephone	Email	<input type="checkbox"/> Cash <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque <input type="checkbox"/> MasterCard	Card Number	Expiry Date MM/YY
Name	Mailing Address	City/Town	Postal Code	Donation \$
Telephone	Email	<input type="checkbox"/> Cash <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque <input type="checkbox"/> MasterCard	Card Number	Expiry Date MM/YY
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Our charitable registration number is 11882 9803 RR0001

THIS SHEET
Cash
+ Cheques
+ Credit Cards
=Total

\$ _____
 \$ _____
 \$ _____
 \$ _____

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