

SEEK THE PEAK RELAY '10

Participant Name: _____

Participant Email: _____

Team Name: _____

Please PRINT all information clearly. Tax receipts are issued for donations of \$20 or more with a complete name and address.
Cheques should be made payable to **Rethink Breast Cancer** (registered charity #8921761 RR0061).

					Amount Pledged	Paid
() FIRST NAME / LAST NAME AREA CODE PHONE APT. # STREET ADDRESS CITY PROV POSTAL CODE					CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX EXPIRY DATE M M / Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 or \$ _____ cash__ cheque__
() FIRST NAME / LAST NAME AREA CODE PHONE APT. # STREET ADDRESS CITY PROV POSTAL CODE					CREDIT CARD NUMBER <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX EXPIRY DATE M M / Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 or \$ _____ cash__ cheque__
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Please return your completed pledge form with funds (no cash via mail!):

- In person to Grouse Mountain, Guest Services on or before July 4th.
- By mail to **Rethink Breast Cancer**, 215 Spadina Ave, #570 Toronto, ON M5T 2C7

For additional information please contact Grouse Mountain (604) 980-9311. To download additional pledge forms please visit www.seekthepeak.ca



Sheet Totals	\$ _____	\$ _____
FOR OFFICE USE ONLY		Total
		\$ _____