



# Pledge Form

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 _____					<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 _____					<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 _____					<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 or \$ _____ cash__ cheque__	
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( ) FIRST NAME _____ LAST NAME _____ AREA CODE _____ PHONE _____ / APT. # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____					<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 _____					<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 or \$ _____ cash__ cheque__	

**Please return your completed pledge form with funds (no cash via mail!):**

- In person to Grouse Mountain, Customer Services on or before July 5th.
- 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](http://www.seekthepeak.ca)



Sheet Totals	\$ _____	\$ _____
<b>FOR OFFICE USE ONLY</b>		
Total		\$ _____