Official Pledge Form

Participant Information:

Donation Collector Name:	
Organization/School (if applicable):	
Address:	Postal Code:
Telephone #:	E-mail Address:

Raising Funds For: (Please check one)

- ❑ ***Oakville Hospital Foundation***
- ❑ ***Colorectal Cancer Association of Canada***
- ❑ ***Oakville YMCA***
- ❑ ***Other:*** _____

Donor Information:

Please PRINT clearly. Kindly write a cheque for the full cash amount and make cheques payable to the charity of choice.

Donor Name	Address	Postal Code/ Zip Code	Telephone #	Donation Amount	$
				TOTAL DONATIONS:	

Collecting Donations – Helpful Hints:

1. Ask everyone: family, relatives, friends, neighbours, and business colleagues.
2. Ask for and collect a *lump sum donation* from donor *immediately.*
3. Please only remit this form when all donations on this form are collected.
4. Donations can be submitted at the Runners Expo or directly to the Charity.

Privacy Statement:

The above foundations respect your privacy and protect your personal information and therefore do not rent, sell or trade mailing lists. The information you provide will be used to issue tax receipts and to keep you informed of the foundations' activities. If you would like to be removed from contact lists, please contact the individual foundation and they can accommodate your request.