

THIS FORM IS FOR OFFLINE DONATIONS ONLY - DO NOT RECORD ONLINE DONATIONS HERE.
 Please fill out pledge sheet CLEARLY and COMPLETELY! Stars (*) indicate required information.

*Name: _____ School/Business/Team: _____

*Email: _____ *Phone: _____ Cell: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

| | | Amount | Receipt |
|----|--|--------|---|
| 1. | * First Name _____ * Last Name _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | * Email _____ * Phone # _____ | | |
| | Address (if no email) _____ City _____ Postal Code _____ | | |
| | Credit Card # _____ Expiry _____ Name on Card _____ Sig. X _____ | | |
| 2. | * First Name _____ * Last Name _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | * Email _____ * Phone # _____ | | |
| | Address (if no email) _____ City _____ Postal Code _____ | | |
| | Credit Card # _____ Expiry _____ Name on Card _____ Sig. X _____ | | |
| 3. | * First Name _____ * Last Name _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | * Email _____ * Phone # _____ | | |
| | Address (if no email) _____ City _____ Postal Code _____ | | |
| | Credit Card # _____ Expiry _____ Name on Card _____ Sig. X _____ | | |
| 4. | * First Name _____ * Last Name _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | * Email _____ * Phone # _____ | | |
| | Address (if no email) _____ City _____ Postal Code _____ | | |
| | Credit Card # _____ Expiry _____ Name on Card _____ Sig. X _____ | | |
| 5. | * First Name _____ * Last Name _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | * Email _____ * Phone # _____ | | |
| | Address (if no email) _____ City _____ Postal Code _____ | | |
| | Credit Card # _____ Expiry _____ Name on Card _____ Sig. X _____ | | |
| 6. | * First Name _____ * Last Name _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | * Email _____ * Phone # _____ | | |
| | Address (if no email) _____ City _____ Postal Code _____ | | |
| | Credit Card # _____ Expiry _____ Name on Card _____ Sig. X _____ | | |

Official tax receipts will be issued for donations of \$10.00 or more at the request of the donor and with full mailing address, including street number and postal code. Email delivery is preferred.

All funds raised at Young Adult Cancer Canada (YACC) events directly fund YACC's support and educational programs for young adults dealing with cancer.

FOR MORE INFORMATION ABOUT YOUNG ADULT CANCER CANADA OR TO REGISTER TO SHAVE PLEASE VISIT
SHAVEFORTHEBRAVE.CA OR EMAIL
INFO@SHAVEFORTHEBRAVE.CA

**Please make cheques payable to
 YOUNG ADULT CANCER CANADA**