OFFICIAL PLEDGE SHEET

yacc
YOUNG ADULT
CANCER CANADA

POWER TO
Hope

PARTICIPANT DETAILS

NAME: _____   MAILING ADDRESS:

SHAVE LOCATION: _____   _____

TEAM NAME: _____   _____

EMAIL: _____   _____

PHONE: _____   BIRTH DATE: _____   **I WISH TO RECEIVE E-NEWS UPDATES: YES / NO**

Please print clearly and fill out completely. If we can't read it, we can't thank you, or send out your tax receipt! Receipts will be sent for donations of $20 and over unless otherwise specified.

Full name	Full address (required for tax receipt)	Email address (for emailed tax receipt)	Payment type	Amount
First: John Middle: P Last: Smith	1 Main Street Shavetown, ON A1A 1A1	johnsmith@email.com √ I would like to receive e-news updates from YACC	√ Cash ☐ Cheque	20.00 √ Paid
First: Middle: Last:		☐ I would like to receive e-news updates from YACC	☐ Cash ☐ Cheque	☐ Paid
First: Middle: Last:		☐ I would like to receive e-news updates from YACC	☐ Cash ☐ Cheque	☐ Paid
First: Middle: Last:		☐ I would like to receive e-news updates from YACC	☐ Cash ☐ Cheque	☐ Paid
First: Middle: Last:		☐ I would like to receive e-news updates from YACC	☐ Cash ☐ Cheque	☐ Paid

Page ___ of ___   Total on this page $_____.___

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First: Middle: Last:		☐ I would like to receive e-news updates from YACC	☐ Cash ☐ Cheque	☐ Paid
First: Middle: Last:		☐ I would like to receive e-news updates from YACC	☐ Cash ☐ Cheque	☐ Paid

Page ___ of ___   Total on this page $_____.___

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