

# WALK TO MAKE CYSTIC FIBROSIS HISTORY



Pledge form page \_\_\_\_ of \_\_\_\_

Participant's Full Name: \_\_\_\_\_  
 Team Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Walk Location: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please let us know your company affiliation:

- Kin Canada  
 Other: \_\_\_\_\_

Language Preference:

- English  
 Français

## TAX RECEIPT INFORMATION:

Receipts will be issued for all donation amounts of \$20 and over. **All donor information (including address) MUST be completed in order to receive a tax receipt.**

**PLEASE DO NOT MAIL CASH; TO PAY WITH CREDIT CARD GO ONLINE TO [WALK.CYSTICFIBROSIS.CA](http://WALK.CYSTICFIBROSIS.CA) OR PAY VIA CHEQUE.**

DONOR'S FIRST NAME	DONOR'S LAST NAME	STREET ADDRESS/ PO BOX (SUITE/UNIT/APT.)	CITY	PROV.	POSTAL CODE	PHONE	EMAIL	DONATION AMOUNT	TYPE	TAX RECEIPT
									<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH	<input type="checkbox"/> PRINT <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> NO TAX RECEIPT
									<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH	<input type="checkbox"/> PRINT <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> NO TAX RECEIPT
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									<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH	<input type="checkbox"/> PRINT <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> NO TAX RECEIPT

Make all cheques payable to: **Cystic Fibrosis Canada**  
 Please mail this form along with all donations to:  
 Cystic Fibrosis Canada, 20 Eglinton Ave. W, Suite 1305, Toronto, ON, M4R 1K8  
 Charitable Registration: #10864 5100 RR0001

<b>TOTAL PLEDGES</b>	\$
<b>TOTAL COLLECTED</b>	\$
<b>BALANCE REMAINING</b>	\$
<b>THANK YOU FOR YOUR GENEROSITY.</b>	

*By completing this form and submitting to Cystic Fibrosis Canada, you hereby consent to the collection and use, by the organization of your personal information in accordance with Cystic Fibrosis Canada's Privacy Policy. Our policy details are available by sending an email to [info@cysticfibrosis.ca](mailto:info@cysticfibrosis.ca) with "Attention Privacy Officer" in the subject line, or by contacting Cystic Fibrosis Canada at 1-800-378-2233.*