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OFFICIAL PLEDGE FORM FOR CANCERVIVE CYCLE TOUR

In support of Wellspring Calgary

Please print clearly. If the information is not legible, a tax receipt may not be issued.

Participant Name: _____

Participant DAYTIME Phone#: _____

Participant EMAIL: _____

TEAM Name: _____

Donor Pledge Form Cash and Cheques Only

(Credit Card donations online: obtain link from the person you are sponsoring for their personal fundraising page!)

| DONOR NAME (PLEASE PRINT) | MAILING ADDRESS (PLEASE PRINT CLEARLY) | CITY & PROVINCE | POSTAL CODE | DAY TELEPHONE | Cash X | Cheq X | AMOUNT | TAX RECEIPT - (Y/N) | |
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| Total Donations Collected THIS PAGE: | | | | | | | | | |

Please make all cheques payable to Wellspring Calgary. Tax receipts issued for amounts of \$20.00 or more with a valid mailing address, unless otherwise requested.

Please return form and donations to Wellspring Calgary, Attn. Fund Development, 1404 Home Rd NW, Calgary, AB T3B 1G7 (403-521-5292)