



# CANADA WALKS for BLADDER CANCER

## CASH AND CHEQUE DONATIONS

Please print this form in landscape format.

- 1) ☐ Check this box if you have already registered online.  
If so, write your name as you registered it online so we can match your profiles.
- 2) Please mail form and all funds collected (cheques and a money order for total cash amount) **by October 1** to: Bladder Cancer Canada, 4936 Yonge Street, Suite 1000, Toronto, ON M2N 6S3

Please print clearly

Walker's First Name:	Walker's Last Name:	
Address:	Apt#:	
City:	Postal Code:	
Telephone:	Email:	

### Team Information

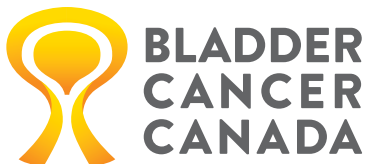
Team Name:	Team Captain Name:
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I acknowledge that I have read, understood and agreed to the **Canada Walks for Bladder Cancer** liability release and photo consent both for myself and any children I have under the age of 18 who are also participating in the walk.

Signature \_\_\_\_\_

By completing this pledge form, you hereby consent to the collection and use of your personal information by Bladder Cancer Canada, in accordance with our Privacy Policy. Details of our Policy can be found at [bladdercancercanada.org/en/privacy-policy](http://bladdercancercanada.org/en/privacy-policy). For any questions, please email [walk@bladdercancercanada.org](mailto:walk@bladdercancercanada.org) or call 1-866-674-8889. Charitable registration # 83612 6060 RR0001

**Questions? [walk@bladdercancercanada.org](mailto:walk@bladdercancercanada.org) | 1-866-674-8889**



4936 Yonge Street, Suite 1000  
Toronto, Ontario M2N 6S3  
[www.bccwalk.ca](http://www.bccwalk.ca)

## September 2024

Register to Walk this September 21/22  
See [BCCwalk.ca](http://BCCwalk.ca) for details

## Please remember...

### Important Information:

- You can collect or record donations online at our website: **[www.bccwalk.ca](http://www.bccwalk.ca)**
- Fill in all personal information
- Photocopy this form for your records.

### Collecting Pledges:

- Make all cheques payable to **Bladder Cancer Canada**.
- Print extra copies of the pledge form from our website.
- **DO NOT** write donations that were already paid online on your pledge form.
- Total all donations before sending anything by mail. Be sure the amount collected matches your pledge form.
- Completed pledge forms and funds should be mailed no later than **October 1, 2024**.
- Send a single money order for any cash amounts collected.
- **DO NOT MAIL CASH**

### Tax Receipts:

- Advise your donors that receipts will be issued for all donations of \$18 or more.
- Donor information must be complete in order to receive a tax receipt (**name, full residential address including postal code**).
- If the donor would like an electronic tax receipt, please provide **both** a full residential address **as well as** a legible e-mail address.

# DONOR INFORMATION

Charitable donation receipts will be issued for all donations of \$18 or more. Donor information must be complete in order to receive a tax receipt **(name, full residential address including postal code)**. Electronic tax receipts will only be issued if a legible email address is also provided **in addition to full residential mailing address**. Photocopy this form for your records.



Please Print Clearly

Walker's Name (First/Last)
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				Amount		Tracked Online
				Cash	Cheque	
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
Donor's Name (First/Last)	E-mail					<input type="checkbox"/> Yes
Suite/Apt/Unit Address	City	Postal Code	Phone			<input type="checkbox"/> No
				Total Cash	Total Cheque	Page Total

I am remitting all cash\* donations by: ☐ Cheque ☐ Money Order

**\*DO NOT MAIL CASH**

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