

Name: _____

Team: _____ Page: ___ of ___

Never Alone Cancer Walk

PO Box 51064, RPO Tyndall Winnipeg, MB R3C 4C6
(204) 779-2441 www.nacf.ca

Please bring pledge forms to the NACF tent at the Event!



1. First & Last Name	3. Email Address (required for tax receipt)	Donation Amount		
		CASH	CHEQUE	TAX RECEIPT
2. Address (required for tax receipt)	4. City, Province, Postal Code			
1.	3.			
2.	4.			
Credit Card #	Expiry Date: _____ cvv code: _____			
1.	3.			
2.	4.			
Credit Card #	Expiry Date: _____ cvv code: _____			
1.	3.			
2.	4.			
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1.	3.			
2.	4.			
Credit Card #	Expiry Date: _____ cvv code: _____			
1.	3.			
2.	4.			
DONATION TOTAL				

Note: Tax receipts will be issued for pledges of \$20 or more, if requested. Please make cheques payable to *Never Alone Cancer Foundation*

Charitable Tax Number: 81050 8473 RR0001