

2009 5K YOUR WAY PLEDGE FORM



The Princess Margaret
Hospital Foundation

Participant Name: _____

Team Name: _____

Address: _____

Apt#: _____

City/Town: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Email: _____

Phone Number: _____

PLEASE PRINT

Sponsor's Name	Address (full address if receipt required)	City	Postal Code	Telephone	Amount	Entered Online •
					\$	
					\$	
					\$	
					\$	
					\$	

					\$	
					\$	
					\$	
					\$	
					\$	

* All donations of \$15 or more will receive a tax receipt.

Please accept my total pledge submission of \$ _____

Thank you for supporting The Princess Margaret!
Charitable Number 88900 7597 RR0001

PLEDGE WAIVER, RELEASE AND INDEMNIFICATION

The undersigned hereby acknowledges and agrees that:

1. I/ We am/ are collecting donation funds as an agent for and on behalf of the Princess Margaret Hospital Foundation in relation to the above noted event or campaign and not on my/ our own personal behalf. Notwithstanding the foregoing, I/ we have no authority to bind the Princess Margaret Hospital Foundation.
2. I/ We shall remit all donation funds collected by me/ us in relation to the above noted event in accordance with terms and conditions applicable to the event to The Princess Margaret Hospital Foundation no later than December 31, 2009.
3. I/ We shall keep complete and accurate records of all donation funds received by me/ us in relation to the above noted event, including the amounts, names, addresses and contact information for all donors and, in particular, in relation to donations made on behalf of individuals through use of his/her credit card, he/she acknowledges that such donations are made on behalf of that individual and such individual is entitled to any tax receipts that can be issued in respect of same and that he/she will provide the necessary information regarding the individual to permit the issuance of a tax receipt for the individual, where applicable.
4. I/ We remit all donation records kept by him/her/it in relation to the above noted event to The Princess Margaret Hospital Foundation in accordance with terms and conditions applicable to the event to The Princess Margaret Hospital Foundation.

Dated this _____ day of _____, 2009 Signature: _____

Privacy Note: Your privacy is very important to us. We do not trade, rent or sell the names of our valued supporters. Should you wish to be removed from our fundraising list(s), please contact us at 416-946-2114 or email us at list.removal@pmhf.ca

Questions? Please contact the 5K Your Way hotline at 416.946.6584