

2009



PLEDGE FORM



Participant Name: _____

Team Name: **M-MOVING TOGETHER TOWARD THE CURE**

Address: _____

Apt #: _____

City/Town: _____

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

Email: _____

Phone Number: _____

PLEASE PRINT:

**N.B. ALL CHEQUES must have "MM 5K" in the memo area.
PLEASE DO NOT SEND CASH BY MAIL**

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



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 RR 0001**

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 _____

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