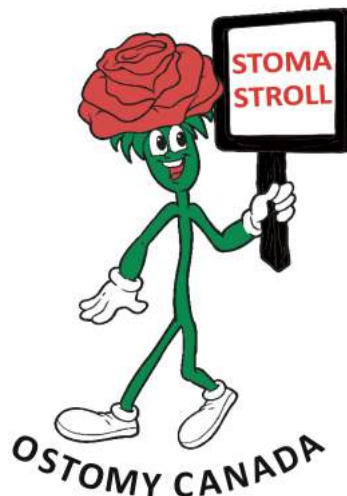


Stoma Stroll Awareness Walk



Ostomy Canada Society | Société Canadienne des Personnes Stomisées



Saturday, Oct. 7, 2017

Please remember . . .

- You can easily donate online at our website: www.stomastroll.ca.
- Fill in all personal information.
- Keep a photocopy of this form for your records.

- The walk takes place rain or shine.

Collecting Pledges:

- Please make all cheques payable to **Ostomy Canada Society**.

- You can print additional copies of page 2 of the pledge form from our website.

- Do not write online-paid donations on your paper pledge form.

- Total your pledges before walk day registration.

- Be sure the amount collected matches your pledge form total.

- Bring all funds with you to your walk location, on the day of the walk.

Tax Receipts

- Advise your donors that a printed tax receipt will be mailed for **all donations of \$25 or more**.

- Donor information must be complete in order to receive a tax receipt (name, full residential address, including postal code). This applies even if the donor would like an electronic tax receipt. **(Please print clearly)**.

- Electronic tax receipts will be issued if a legible email address is provided **(full residential mailing address must still be provided in order to receive a tax receipt)**.

- 1) Please check this box if you have also registered online.
If so, please print your name as you have recorded it online so we can match your profile.

- 2) Please bring this form and all funds collected to your local walk. Partial donations will not be accepted. Cheques can be made payable to:
Ostomy Canada Society

If you cannot attend your local walk, please mail this form, with all funds to: Ostomy Canada Society, 5800 Ambler Dr., Suite 210, Mississauga, ON L4W 4J4

Please print clearly

Last Name:		First Name:	
Address:			Appt. No.:
City:	Province:	Postal Code:	
Telephone (home):	Telephone (Business):	Ext.:	
Email:			

Team Information: (Please write your team name exactly as it is registered online)	
Team Name:	Team Captain's Name:

By completing this pledge form, you hereby consent to the collection and use, by Ostomy Canada Society Inc. of your personal information in accordance with the Ostomy Canada Society's **Privacy Policy**. Details of our policy are available on our website www.ostomycanada.ca or by sending an email to info1@ostomycanada.ca with Attention Privacy Officer in the subject line, or by contacting the Ostomy Canada Society at 1-888-969-9698. Charitable registration # 11927 7093 RR0001



Pledge Information: Tax receipts will be issued for all donations. Donor information must be complete in order to receive a tax receipt (name, full residential address including postal code). Electronic receipts will be issued if a legible email address is provided (full residential address must still be provided to receive a tax receipt). Please photocopy this form for your records.



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

Please print clearly

Check this box if you do not wish to be added to our mailing list.

			Amount		Tax Receipt Requested	
			Cash	Cheque		
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic
Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Print
Address	City	Province:	Postal Code:			<input type="checkbox"/> Electronic

I would like to pay the balance of my donor's pledges in full by Cash Cheque Credit Card (circle one) VISA MasterCard AMEX

Name on card:	Credit Card Number:	Expiry Date:
Amount:	Signature	CVV Number

Total Cash	Total Cheque	Page Total
Online Total		
Grand Total		

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