

Stoma Stroll Awareness Walk



Ostomy Canada Society | Société Canadienne des Personnes Stomisées



Saturday, Oct. 6, 2018

Please remember . . .

- ❑ To obtain an immediate tax receipt, 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.
- ❑ Total each page of your pledges and grand total on the last page before forms are turned over to your team leader for mailing to Ostomy Canada Society.
- ❑ 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). **(Please print clearly).**

- 1) Please check this box if you also registered online at **www.stomastroll.ca.** Registration is important to be able to match your donations to the location you are supporting.
- 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 donations over \$25. Donor information must be complete in order to receive a tax receipt (name, full residential address including postal code). Please make cheques payable to Ostomy Canada Society. Please photocopy this form for your records.



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

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

Please print clearly

					Amount		Tax Receipt Requested
					Cash	Cheque	
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
<input type="checkbox"/>	Donor's Name (First, Last)	Phone	Email:				<input type="checkbox"/> Yes
Address		City	Province:	Postal Code:			<input type="checkbox"/> No
I would like to pay the cash portion of donor's pledges in full by: <input type="checkbox"/> Cheque, payable to Ostomy Canada Society					Total Cash	Total Cheque	Page Total
<input type="checkbox"/> Credit Card (circle one) VISA MasterCard AMEX							
Name on card:		Credit Card Number:		Expiry Date:			
Amount:		Signature		CVV Number			
					Grand Total		
							Page _ of _

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