



IMPORTANT INFORMATION ABOUT PLEDGE SHEETS

Please read the following before you begin using your pledge sheet:

1. Paper pledge sheets are for cash and cheque donations made in person only. Do not re-record online credit card gifts here.
2. You can still add your cash and cheque amounts to your online profile to see your total go up, but be sure to include the donor's contact information including the full mailing address and email address if possible.
3. Please print clearly and fill the sheet completely! We can't send tax receipts to those without enough information, or to those whose information we can't read.
4. Fill in your participant details on the top of the pledge sheet.
5. Fill in each donor's first name, last name, and middle initial; mailing address, including postal code; email address (so we can send an electronic tax receipt); select cash or cheque; and write the amount donated.
6. Cheques must be payable to Young Adult Cancer Canada.
7. Donors wishing to give by credit card can do so online at shaveforthebrave.ca or by calling our head office at 1-877-571-7325.
8. Please mark page numbers and total the donations on the bottom of each sheet.
9. All funds must accompany pledge sheets. If you do not receive payment from a donor, please remove them from the pledge sheet, and we can add them again if you receive their donation.
10. Print or photocopy extra pledge sheets as necessary. Please do not record pledges on anything other than the official pledge sheets (ex. Blank paper, handwritten pledge sheets, etc.). Consider double-siding your sheets.
11. Tax receipts will be issued for donations of \$20 or more with a full mailing address. Please contact us if you have any questions.

All funds raised during the Shave for the Brave support Young Adult Cancer Canada which provides supportive and informative programs to help young adults in Canada deal with cancer.

THANK YOU FOR YOUR SUPPORT!



OFFICIAL PLEDGE SHEET OF SHAVE FOR THE BRAVE 2019

PARTICIPANT DETAILS

NAME: _____ MAILING ADDRESS: _____
 SHAVE LOCATION: _____
 TEAM NAME: _____
 EMAIL: _____
 PHONE: _____ BIRTH DATE: _____ I WISH TO RECEIVE E-NEWS UPDATES: YES / NO

Please print clearly and fill out completely. If we can't read it, we can't thank you, or send out your tax receipt! Receipts will be sent for donations of \$20 and over unless otherwise specified.

Full name	Full address (required for tax receipt)	Email address (for emailed tax receipt)	Payment type	Amount
First: John Middle: P Last: Smith	1 Main Street Shavetown, ON A1A 1A1	johnsmith@email.com	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Cheque	20.00 <input checked="" type="checkbox"/> Paid
First: Middle: Last:		<input type="checkbox"/> I would like to receive e-news updates from YACC	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Paid
First: Middle: Last:		<input type="checkbox"/> I would like to receive e-news updates from YACC	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Paid
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Total on this page \$_____.

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Charitable # 86508 6631 RR 0001 | www.shaveforthebrave.ca | 1-877-571-7325



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