

Name: \_\_\_\_\_  
 Ph #: \_\_\_\_\_ School \_\_\_\_\_  
 Team: \_\_\_\_\_ Page: \_\_\_ of \_\_\_

# Never Alone Cancer Foundation MB School Dragon Boat Challenge

PO Box 51064, RPO Tyndall Winnipeg, MB R3C 4C6  
 (204) 779-2441 www.nacf.ca

Please bring pledge forms to the NACF tent at the Festival!



1. First & Last Name	3. Email Address (required for tax receipt)	Donation Amount		
2. Address (required for tax receipt)	4. City, Province, Postal Code	CASH	CHEQUE	TAX RECEIPT
1.	3.			
2.	4.			
Credit Card #	Expiry Date: cvv code:			
1.	3.			
2.	4.			
Credit Card #	Expiry Date: cvv code:			
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Credit Card #	Expiry Date: cvv code:			
1.	3.			
2.	4.			
Credit Card #	Expiry Date: cvv code:			
DONATION TOTAL				

**Note: Tax receipts will be issued for pledges of \$20 or more, if requested. Please make cheques payable to *Never Alone Cancer Foundation***

**Charitable Tax Number: 81050 8473 RR0001**