Breast Cancer Prevention & Community Research
366 St. Paul St., St. Catharines, ON L2R 3N2
Tel. 905-687-3333 Fax 905-687-1127

PLEDGE FORM

Email: bcniagara@gmail.com

☐*Mr.* ☐*Mrs.* ☐*Ms.* ☐*Other*

First Name:_____ Last Name:_____

Address:_____ Apt.:____ City:_____ Prov:_____

Postal Code:_____ Home Phone:_____ Alt. Phone:_____

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Tax Receipts will be issued for $10.00 or more, but only if the donor's name and address are clearly printed and complete. All cheques must be made payable to Breast Cancer Research and Education Fund. Charitable Registration No. 13867 6820 RR 0001

THANK YOU FOR YOUR CONTRIBUTION!

First Name	Last Name	Address	City	Prov.	Postal	Pledge	Donation Type
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PLEASE ENSURE ADDRESSES ARE SUPPLIED IF A TAX RECEIPT IS REQUIRED.