



DIVE FOR A CURE PLEDGE FORM

www niagaradivers com

articipant #	Office Use Only	

TO JAN CANCER		www.magaraurv					Page o	f
Mr. Mrs.	Ms. Dr. Other Fi	irst Name:	La	ast Name:				
Address:		Apt./Suite	:	City:			Prov	/ :
Postal Code:	Home Tel:	Bus Tel:		E-mail	:			
Age Range (Optional):	Under 18 18-2	29 30-39 40-49	50-59 60+			Gender (Op	tional):	ı □F
		e requested. The donor's name and address should be payable to: Canadian Cancer			deliver receip t Registration No			'es No
FIRST NAME	LAST NAME	HOME ADDRESS	СІТҮ	PROV.	POSTAL CODE	PLEDGE	COLLECTED	RECEIPT NO
	,				TOTAL PLEDGE	:S: \$		
Total Collected: \$		Balance Remaining: \$			Outstanding I		\$	
about other ways you can h	elp us in our fight against cancer.	information in order to process your dona If you prefer not to receive this kind of co	mmunication from us	or for more	information abo	out our privacy	practices: www	.cancer.ca

1 800 268-8874, press 1, ext. 2257 | e-mail: privacy@ontario.cancer.ca. The provision of age and gender information is optional and used only for internal marketing and statistical purposes.

and any photographs and videotapes of me for Canadian administrators against the Canadian Cancer Society, its age oss or damage to property, which may directly or indirectly	Cancer Society purposes in any media and territory in perpetuity. ents, employees and licensees and any sponsors, officials, volunteers result from my participation in this event, and any claim arising in cor	to tape me in the course of my participation in the event, and to use my name I waive and release any and all claims for myself, my heirs, executors and and organizers of the event in conjunction with any injury, illness, or death, or nection with the use of my name or any photographs or videotapes of me. I participate in the event and contribute to the activities of the Canadian Cancer					
Society. I warrant that I am fit to participate in this event. If a participant is under 18 years of age then a parent/guardian must sign this agreement on the participant's behalf.							
Name of Participant:	Signature:	Date:					