



# Sponsorship Form



Participant Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

TO DONATE BY CREDIT CARD OR ETRANSFER: Visit [www.secancersupport.ca/walkforhope](http://www.secancersupport.ca/walkforhope)

## Cash and Cheque Donations

| FULL NAME | MAILING ADDRESS WITH POSTAL CODE | PHONE NUMBER | EMAIL | CASH | CHEQUE | TOTAL |
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Please make cheques payable to Southeast Cancer Support Services

All donations of \$20 or more will be eligible to receive a tax receipt. Please include your full name, address, phone number and email address if you wish to receive a receipt. Donations with missing information will not be receipted.

