

PLEDGE FORM



Completed forms and donations must be returned by September 30, 2026 to the QEII Foundation (Park Lane Mall: 5657 Spring Garden Road, M3, Suite 3005, Halifax, B3J 3R4)

- Please make cheques payable to **“QEII Foundation – BMO Ride for Cancer.”**
- Please note: for receipts to be issued, full name and mailing address (including postal code) must be provided.

PARTICIPANT NAME OR TEAM BEING PLEDGED: _____

| TITLE, FIRST & LAST NAME | MAILING ADDRESS | PHONE # | AMOUNT PLEDGED |
|---|--|--|-----------------------------------|
| | | | |
| DONATION METHOD | EMAIL ADDRESS | NAME AND DONATION AMOUNT ON HONOUR ROLL? | NAME TO APPEAR ON HONOUR ROLL AS: |
| <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | <input type="checkbox"/> I wish to receive emails from the QEII Foundation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TITLE, FIRST & LAST NAME | MAILING ADDRESS | PHONE # | AMOUNT PLEDGED |
| | | | |
| DONATION METHOD | EMAIL ADDRESS | NAME AND DONATION AMOUNT ON HONOUR ROLL? | NAME TO APPEAR ON HONOUR ROLL AS: |
| <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | <input type="checkbox"/> I wish to receive emails from the QEII Foundation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TITLE, FIRST & LAST NAME | MAILING ADDRESS | PHONE # | AMOUNT PLEDGED |
| | | | |
| DONATION METHOD | EMAIL ADDRESS | NAME AND DONATION AMOUNT ON HONOUR ROLL? | NAME TO APPEAR ON HONOUR ROLL AS: |
| <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | <input type="checkbox"/> I wish to receive emails from the QEII Foundation | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Fundraisers:

(Please note: as per CRA guidelines, receipts cannot be issued for fundraisers.)

| FUNDRAISER NAME | DESCRIPTION | DONATION METHOD | AMOUNT PLEDGED |
|-----------------|-------------|---|----------------|
| | | <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | |
| FUNDRAISER NAME | DESCRIPTION | DONATION METHOD | AMOUNT PLEDGED |
| | | <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | |