

# Fanshawe Dragon Boat Festival 2024

Participant name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Team name: \_\_\_\_\_

## PLEDGE FORM

NAME	ADDRESS	CITY	POSTAL CODE	PHONE #	CASH OR CHEQUE	PAYMENT (\$)

**Thank you for your donation to the Massel Cruickshank Patient Assistance Fund at the London Regional Cancer Program.**

\*Please note that donations over \$20 will receive a tax receipt in the mail after the event.



