16th Annual WALK OF CHAMPIONS in support of MULTIPLE MYELOMA CANCER RESEARCH

Sunday, September 8th, 2024

www.lhsf.ca/myeloma

- PLEDGE FORM -

Participant Name: _____

Team Name: _____

Address: _____ City/Town: _____ Prov.: _____ PC: _____

Email Address: _____ Telephone No: _____

Please DO NOT send cash by Mail.

PLEASE PRINT

N.B. All cheques should be made out to London Health Sciences Foundation and must have Myeloma Research in the memo area.

Sponsor's Name	Address (Street, City, Postal Code) (full address if receipt requested)	Email Address	Telephone	Amount*
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

** All donations of $20 or more will receive a tax receipt.*

Please accept my total pledge submission of $ _____

Thank you for supporting LHSF - Charitable Registration Number 89478 1475 RR0001

PLEDGE WAIVER, RELEASE AND INDEMNIFICATION

The undersigned hereby acknowledges and agrees that:

1. I / We am / are collecting donation funds as an agent for and on behalf of London Health Sciences Foundation in relation to the above noted event or campaign and not on my/ our own personal behalf. Notwithstanding the foregoing, I / We have no authority to bind London Health Sciences Foundation.
2. I / We shall remit all donation funds collected by me / us in relation to the above noted event in accordance with terms and conditions applicable to the event to London Health Sciences Foundation no later than December 31, 2024.
3. I / We shall keep complete and accurate records of all donation funds received by me / us in relation to the above noted event, including the amounts, names, addresses and contact information for all donors and, in particular, in relation to donations made on behalf of individuals through use of his / her credit card, he / she acknowledges that such donations are made on behalf of that individual and such individual is entitled to any tax receipts that can be issued in respect of same and that he/she will provide the necessary information regarding the individual to permit the issuance of a tax receipt for the individual, where applicable.
4. I / We remit all donation records kept by him / her / it in relation to the above noted event to London Health Sciences Foundation in accordance with terms and conditions applicable to the event to London Health Sciences Foundation.

Dated this _____ day of _____, 20____ Signature: _____

in support of London Health Sciences Foundation