CARE walk | Cancer Assistance PROGRAM

Pledge Form

Team Name:	
Walker Name:	Phone #:
Mailing Address:	
Email:	

Name	Complete Mailing Address	Email & Phone Number	Pledge $	Paid Y/N	Receipt Y/N

Note that charitable tax receipts will be issued for donations of $20 or greater when complete name and address are provided above.

Please be advised that photos and/or videos may be taken during the event, for media use and/or for use in CAP's social media and other publications. If you do not wish to be part of any photos or videos, please advise the CARE Walk team. Consent for photo/video inclusion will be implied, unless otherwise informed by you or your parent/guardian.