## Please only download the pledge form for your Wellspring charity:







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## IMPORTANT

- Print clearly.
   Ensure the information filled in is accurate.
   Make cheques payable to: Wellspring Cancer Support Foundation

Official TAX RECEIPTS will be automatically issued for pledges of \$20 and over, ONLY WITH A COMPLETE AND LEGIBLE ADDRESS INCLUDING AN ACCURATE POSTAL CODE.

Wellspring Cancer Support Foundation

This form with your monies should be sent to:

105 Wellness Way, Toronto ON M4N 3M5

Tel: 416.480.4440 Charitable Registration # 89272 8940 RR0001

INFORMATION	PAYMENT	AMOUNT PLEDGED	PAID
FIRST NAME (Please print above line)  LAST NAME PHONE NUMBER  APT# STREET ADDRESS CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  LAST NAME PHONE NUMBER  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
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FIRST NAME (Please print above line)  LAST NAME PHONE NUMBER  APT# STREET ADDRESS  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER	\$	CHEQUE CASH



1 Print clearly.2 Ensure the information filled in is accurate.3 Make cheques payable to: Wellspring Alberta

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Wellspring Alberta

This form with your monies should be sent to:

1404 Home Rd NW, Calgary AB T3B 1G7

Tel: 587.747.0260 Charitable Registration # 80901 3675 RR0001

INFORMATION	PAYMENT	AMOUNT PLEDGED	PAID
FIRST NAME (Please print above line)  LAST NAME  PHONE I  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
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FIRST NAME (Please print above line)  LAST NAME  PHONE  APT# STREET ADDRESS  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER	\$	CHEQUE CASH



1 Print clearly.2 Ensure the information filled in is accurate.

3 Make cheques payable to: Wellspring Chinguacousy

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Wellspring Chinguacousy

This form with your monies should be sent to:

5 Inspiration Way, Brampton ON L6R 0L7

Tel: 905-792-6480 Charitable Registration # 84934 9568 RR0001

INFORMATION	PAYMENT	AMOUNT PLEDGED	PAID
FIRST NAME (Please print above line)  LAST NAME  PHONE I  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  CITY  PROVINCE POSTAL CODE EMAIL ADDRESS	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  LAST NAME  PHONE  APT# STREET ADDRESS  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER	\$	CHEQUE CASH



- 1 Print clearly.2 Ensure the information filled in is accurate.
- 3 Make cheques payable to: Wellspring London

& Region

Official TAX RECEIPTS will be automatically issued for pledges of \$20 and over, ONLY WITH A COMPLETE AND LEGIBLE ADDRESS INCLUDING AN ACCURATE POSTAL CODE.

Wellspring London & Region

This form with your monies should be sent to:

382 Waterloo St, London ON N6B 2N8

Tel: (519) 438-7379 Charitable Registration # 86424 6129 RR0001

INFORMATION		PAYMENT	AMOUNT PLEDGED	PAID
Steen Brough Strain Str	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER	\$	CHEQUE CASH



1 Print clearly.2 Ensure the information filled in is accurate.3 Make cheques payable to: Wellspring Niagara

Official TAX RECEIPTS will be automatically issued for pledges of \$20 and over, ONLY WITH A COMPLETE AND LEGIBLE ADDRESS INCLUDING AN ACCURATE POSTAL CODE.

Wellspring Niagara

This form with your monies should be sent to:

50 Wellspring Way, Fonthill ON LOS 1E6

Tel: (905) 684-7619 Charitable Registration # 86414 6162 RR0001

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	INFORMATION		PAYMENT	AMOUNT PLEDGED	PAID
FIRST NAME (Please print above line)  APT# STREET ADDRESS  PROVINCE POSTAL CODE	LAST NAME  EMAIL ADDRESS	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  PROVINCE POSTAL CODE	LAST NAME  EMAIL ADDRESS	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  PROVINCE POSTAL CODE	LAST NAME  EMAIL ADDRESS	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS  PROVINCE POSTAL CODE	LAST NAME  EMAIL ADDRESS	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER  EXPIRE DATE (MM/YY):	\$	CHEQUE CASH
FIRST NAME (Please print above line)  APT# STREET ADDRESS	LAST NAME	PHONE NUMBER  CITY	VISA MASTERCARD AMEX  CREDIT CARD NUMBER	\$	CHEQUE CASH