

<b>Donor's Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>Postal Code</b>	<b>Email Address</b>	<b>Pledge Amount</b>	<b>Cash / Cheque</b>

**Please make all cheques payable to South Central Cancer Resource**

**Page Total Pledge Amount \$ \_\_\_\_\_**