



RICK WIEBE MEMORIAL

2026 Charity Event Pledge Form



Contestant/Family Name: _____

Address: _____

City: _____ **Prov:** _____

Postal Code: _____

Phone: _____

Email: _____

of contestants collecting for this form: _____

All contestants must collect a minimum of \$50 in pledges in order to compete OR families of 4+ must collect a minimum of \$100, collectively.

- Official form MUST be used for collecting pledges. No other paperwork will be accepted.
- Contestants must present this form and all donations upon check-in, prior to competing.
- Please collect cash or cheque. Makes cheques payable to **South Central Cancer Resource.**

Tax Receipts:

- Tax receipts are issued annually by SCCR for donations of **\$25 or more.**
- Request donors to provide an email address. Receipts will be sent digitally to help SCCR cut down on expenses.
- **PLEASE PRINT NEATLY** - address must be legible in order to provide a receipt.
- A **COMPLETE mailing address** is required by CRA.

DONOR NAME	MAILING ADDRESS	CITY	PROV	POSTAL CODE	EMAIL ADDRESS	PLEDGE AMOUNT	CASH / CHEQUE	WANTS RECEIPT

Page Total Pledge Amount: _____
GRAND TOTAL: _____