Event/Organization Name: **Casino Nova Scotia's Regatta for the Cure**

Boat Name: _____ **Name:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Daytime # _____ **Evening #** _____

In support of CANADIAN BREAST CANCER FOUNDATION / FONDATION CANADIENNE DU CANCER DU SEIN Atlantic / Atlantique

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						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
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						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
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Please make cheques payable to the Canadian Breast Cancer Foundation.

Tax receipts are automatically issued for donations of $20 or more.

Tax receipts *will not* be issued if full name & address are not complete and ledgible. Full address is required.

Pledge Sheet # of

Thank you for your Support!

Canadian Breast Cancer Foundation, 5251 Duke Street, Suite 417, Halifax, NS B3J 1P3 Phone (902)422-5520, Fax (902)422-5523, 1(866)273-2223
Charitable registration No 12799 3608 RR0001

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Credit Card #:			*Authorization # & Date:*	

Total	

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