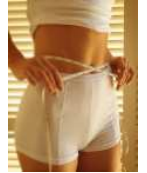


# DONATE THE WEIGHT to the BRUCE DENNISTON BONE MARROW SOCIETY



## PLEDGES

INSTRUCTIONS FOR PARTICIPANTS COLLECTING PLEDGES

REGISTRATION NO. \_\_\_\_\_

1. Make cheques payable to "Bruce Denniston Bone Marrow Society."
2. Bring completed Pledge Form(s), and funds collected to the Bruce Denniston Bone Marrow Society at 4484 Marine Avenue, Powell River, BC by no later than Tuesday, April 6, 2010. **We must be in receipt of your completed forms and funds by April 6<sup>th</sup> for you and the donors to qualify for prizes.**
3. Donors may call our office at 604-485-8488 to pay their pledges by Visa, MasterCard or American Express, or donate on-line at [www.dennistonsociety.org](http://www.dennistonsociety.org).
4. If you cannot submit your Pledge Form(s) and funds in person, mail then to BDBMS, PO Box 157, Powell River, BC V8A 4Z6 prior to April 6th. Please do not mail cash.
5. Tax receipts will be issued for **donations of \$20 or more.**

### PLEASE PRINT CLEARLY

PARTICIPANT'S NAME: \_\_\_\_\_

Note: The winner of Donate the Weight in 2008 lost 66 mm; the average loss was about 20mm.

					AMOUNT COLLECTED
1. I PLEDGE \$ _____ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ _____.					
MR MRS MS DR	FIRST NAME	LAST NAME	PHONE #	EMAIL	
please circle one					
NO. & STREET		CITY	PROV.	POSTAL CODE	
2. I PLEDGE \$ _____ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ _____.					COLLECTED
MR MRS MS DR	FIRST NAME	LAST NAME	PHONE #	EMAIL	
please circle one					
NO. & STREET		CITY	PROV.	POSTAL CODE	
3. I PLEDGE \$ _____ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ _____.					COLLECTED
MR MRS MS DR	FIRST NAME	LAST NAME	PHONE #	EMAIL	
please circle one					
NO. & STREET		CITY	PROV.	POSTAL CODE	
4. I PLEDGE \$ _____ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ _____.					COLLECTED
MR MRS MS DR	FIRST NAME	LAST NAME	PHONE #	EMAIL	
please circle one					
NO. & STREET		CITY	PROV.	POSTAL CODE	
5. I PLEDGE \$ _____ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ _____.					COLLECTED
MR MRS MS DR	FIRST NAME	LAST NAME	PHONE #	EMAIL	
please circle one					
NO. & STREET		CITY	PROV.	POSTAL CODE	
6. I PLEDGE \$ _____ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ _____.					COLLECTED
MR MRS MS DR	FIRST NAME	LAST NAME	PHONE #	EMAIL	
please circle one					
NO. & STREET		CITY	PROV.	POSTAL CODE	

7. I PLEDGE \$ \_\_\_\_\_ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ \_\_\_\_\_. COLLECTED

MR MRS MS DR please circle one	FIRST NAME	LAST NAME	PHONE #	EMAIL	
NO. & STREET	CITY	PROV.	POSTAL CODE		

8. I PLEDGE \$ \_\_\_\_\_ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ \_\_\_\_\_. COLLECTED

MR MRS MS DR please circle one	FIRST NAME	LAST NAME	PHONE #	EMAIL	
NO. & STREET	CITY	PROV.	POSTAL CODE		

9. I PLEDGE \$ \_\_\_\_\_ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ \_\_\_\_\_. COLLECTED

MR MRS MS DR please circle one	FIRST NAME	LAST NAME	PHONE #	EMAIL	
NO. & STREET	CITY	PROV.	POSTAL CODE		

10. I PLEDGE \$ \_\_\_\_\_ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ \_\_\_\_\_. COLLECTED

MR MRS MS DR please circle one	FIRST NAME	LAST NAME	PHONE #	EMAIL	
NO. & STREET	CITY	PROV.	POSTAL CODE		

11. I PLEDGE \$ \_\_\_\_\_ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ \_\_\_\_\_. COLLECTED

MR MRS MS DR please circle one	FIRST NAME	LAST NAME	PHONE #	EMAIL	
NO. & STREET	CITY	PROV.	POSTAL CODE		

12. I PLEDGE \$ \_\_\_\_\_ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ \_\_\_\_\_. COLLECTED

MR MRS MS DR please circle one	FIRST NAME	LAST NAME	PHONE #	EMAIL	
NO. & STREET	CITY	PROV.	POSTAL CODE		

13. I PLEDGE \$ \_\_\_\_\_ PER mm LOST BY THE PARTICIPANT, TO A MAXIMUM OF \$ \_\_\_\_\_. COLLECTED

MR MRS MS DR please circle one	FIRST NAME	LAST NAME	PHONE #	EMAIL	
NO. & STREET	CITY	PROV.	POSTAL CODE		

Please photocopy or download additional forms at [www.dennistonsociety.org](http://www.dennistonsociety.org) and attach.

**TOTAL AMOUNT COLLECTED** \$ \_\_\_\_\_

**Instructions for  
EVENT VOLUNTEER:**

1. Total the Amount Collected Column
2. Ensure it equals the amount of cash and cheques collected
3. Enter the amount on the line provided to the right and initial
4. Do not accept forms which do not match the total amount of cash and cheques collected.

total cash & cheques  
collected & remitted

\$ \_\_\_\_\_

Event Volunteer Initials \_\_\_\_\_