



# Pledge Form Please print legibly

Donor Name	Address/City/Postal Code	Telephone	Donation Rec'd
			<b>TOTAL:</b>

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

WAIVER: I hereby release and discharge The Kidney Foundation of Canada and all other participating distributors, sponsors and event organizers from any claims, injuries, losses or liabilities suffered or incurred as a result of my participation.

SIGNATURE: \_\_\_\_\_  
 Signature of Participant or Guardian (if under the age of 18)

The Kidney Foundation of Canada appreciates your support. At the Foundation, our goal is to make giving simple. We recognize your right to privacy and we pledge to protect it. The information you have provided to us will be used to process your donation(s) and to provide you with a tax receipt. From time to time, we may use your contact information to keep you informed of other activities, events and/or fundraising opportunities in support of the Foundation. If you do not wish to appear on The Kidney Foundation of Canada's contact list, please call 1.800.387.4474 to have your name removed from our list. **Tax receipts for \$20 or more will be issued.**