



## Participant Information

First Name	Last Name	Email	Phone #
Address		City	Province
			Postal Code
Team Name (if applicable)		Team Captain's Name (if applicable)	

My Fundraising Goal Is \$ \_\_\_\_\_ Walk/Event Location: \_\_\_\_\_

Did you register online at [stepupforostomy.ca](http://stepupforostomy.ca)? ☐ Yes ☐ No      Consent to receive emails: ☐ Yes ☐ No

### IMPORTANT DONOR INFORMATION

- Tax receipts will only be issued if donor information is complete and legible. Please remember to print clearly. Alternatively, you may fill out the form in Acrobat Reader, then print it.
- Printed tax receipts will be mailed for donations of \$25 or more. All cheques must be made payable to Ostomy Canada Society Inc.
- Total each page of your pledges and include the grand total on page 1. Be sure the total collected matches the pledge form total.
- Please register online at [stepupforostomy.ca](http://stepupforostomy.ca) so we can match your donations to the location you are supporting. You can record offline pledges there. For instructions, visit [www.stepupforostomy.ca/help-and-support/](http://www.stepupforostomy.ca/help-and-support/).
- For immediate tax receipts, donate online at [stepupforostomy.ca](http://stepupforostomy.ca). (Do not record online pledges on this form).

### SUBMITTING YOUR FORM

- Please bring this form and all funds collected to your local event. Partially completed forms will not be accepted.
- If you cannot attend a local event, please mail this form with all funds to Ostomy Canada Society. Do not mail cash. (See below for address.)
- Keep a photocopy for your records.

### FORM TIPS

- Some may prefer to fill out the form on a computer. To do so, you must open the file with Adobe Acrobat Reader. Be sure to save a copy of your work.
- If you run out of space, please print additional copies of page 2.

## PAYMENT INFORMATION

☐ Please accept my donation of \$: \_\_\_\_\_ ☐ I will pay the cash amount of my pledges \$: \_\_\_\_\_

Total Amount Payable \$: \_\_\_\_\_ ☐ Cash ☐ Cheque ☐ e-Transfer ☐ Credit Card

Card Number: \_\_\_\_\_ Expiry (mm/yy): \_\_\_\_\_

Name on Card: \_\_\_\_\_



**Please submit this form at  
your local event or mail to:**

Ostomy Canada Society Inc.  
5800 Ambler Drive, Suite 210  
Mississauga, ON L4W 4J4

**Interac e-Transfer:**

[etransfer@ostomycanada.ca](mailto:etransfer@ostomycanada.ca)

### PARTICIPANT TO COMPLETE

Grand Total \$

Total Pages #

### FOR OFFICE USE ONLY

Total Cash \$

Total Cheque \$

Total Credit Card \$

Grand Total \$

## EVENT WAIVER

I grant permission to the Ostomy Canada Society to photograph and videotape me in the course of my participation in the Step Up For Ostomy event and to use my name and any photographs and videotapes of me for Ostomy Canada Society purposes in any media and territory in perpetuity. I waive and release any and all claims for myself, my heirs, executors and administrators against the Ostomy Canada Society, its officials, sponsors, cooperating organizations and any other parties connected with this event and organizers of the Step Up For Ostomy event in connection with any injury, illness, death, loss or damage to property, which may directly or indirectly result from my participation in this event, or any claims arising from the use of my name or any photographs or videotapes of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of the Ostomy Canada Society.

Signature of Participant or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# STEP UP FOR OSTOMY PLEDGE FORM

Donor Information

First Name	Last Name	Email	Phone #
Address		City	Province Postal Code
Credit Card Number		Expiry MM/YY	Amount \$
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	Consent to Receive Emails <input type="checkbox"/> Yes <input type="checkbox"/> No

First Name	Last Name	Email	Phone #
Address		City	Province Postal Code
Credit Card Number		Expiry MM/YY	Amount \$
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	Consent to Receive Emails <input type="checkbox"/> Yes <input type="checkbox"/> No

First Name	Last Name	Email	Phone #
Address		City	Province Postal Code
Credit Card Number		Expiry MM/YY	Amount \$
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	Consent to Receive Emails <input type="checkbox"/> Yes <input type="checkbox"/> No

First Name	Last Name	Email	Phone #
Address		City	Province Postal Code
Credit Card Number		Expiry MM/YY	Amount \$
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	Consent to Receive Emails <input type="checkbox"/> Yes <input type="checkbox"/> No

First Name	Last Name	Email	Phone #
Address		City	Province Postal Code
Credit Card Number		Expiry MM/YY	Amount \$
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card	Consent to Receive Emails <input type="checkbox"/> Yes <input type="checkbox"/> No