

SUNDAY SEPTEMBER 17, 2017

# THE TERRY FOX RUN

## FOR CANCER RESEARCH



Name \_\_\_\_\_

Address \_\_\_\_\_

City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

Run Location \_\_\_\_\_ Event # \_\_\_\_\_

Team \_\_\_\_\_ Team # \_\_\_\_\_



**To receive your tax receipt faster  
please include your email.**

**PARTICIPANT INSTRUCTIONS**

1. Bring pledge sheet(s) to event – completed pledge sheet(s) and funds may be submitted at that time.
2. After the event, submit completed pledge sheet(s) and funds to one of the banks listed at terryfox.org between September 18<sup>th</sup> and October 14<sup>th</sup>. After October 14<sup>th</sup>, mail cheques and pledge sheet(s) to your local Terry Fox Foundation office (addresses on the back). The Foundation MUST receive your pledge sheet(s) to issue donor tax receipts and it must be submitted no later than October 27, 2017.

Please **PRINT** clearly. Full mailing address is required for tax receipt.  
Please make cheque payable to **The Terry Fox Foundation**. Donation of \$20 and above receive a tax receipt.

				AMOUNT COLLECTED	
NAME: John Smith	TEL: 123 456-7890			\$25.00	<input type="checkbox"/> CASH
APT: 301 ADDRESS: 234 Every street	CITY: Everytown	POSTAL CODE:   L   O   L   I   L   O			<input checked="" type="checkbox"/> CHEQUE
Full mailing address required for tax receipt EMAIL: johnsmith@gmail.com					

NAME: _____ TEL: _____		<input type="checkbox"/> CASH
APT: _____ ADDRESS: _____ CITY: _____ POSTAL CODE:		<input type="checkbox"/> CHEQUE
Full mailing address required for tax receipt EMAIL: _____		
NAME: _____ TEL: _____		<input type="checkbox"/> CASH
APT: _____ ADDRESS: _____ CITY: _____ POSTAL CODE:		<input type="checkbox"/> CHEQUE
Full mailing address required for tax receipt EMAIL: _____		
NAME: _____ TEL: _____		<input type="checkbox"/> CASH
APT: _____ ADDRESS: _____ CITY: _____ POSTAL CODE:		<input type="checkbox"/> CHEQUE
Full mailing address required for tax receipt EMAIL: _____		
NAME: _____ TEL: _____		<input type="checkbox"/> CASH
APT: _____ ADDRESS: _____ CITY: _____ POSTAL CODE:		<input type="checkbox"/> CHEQUE
Full mailing address required for tax receipt EMAIL: _____		
NAME: _____ TEL: _____		<input type="checkbox"/> CASH
APT: _____ ADDRESS: _____ CITY: _____ POSTAL CODE:		<input type="checkbox"/> CHEQUE
Full mailing address required for tax receipt EMAIL: _____		

TOTAL (FRONT)	\$
TOTAL (BACK)	\$
TOTAL (FRONT & BACK)	\$

**TELLER STAMP**

SECTION 1

**Run Registrar Signature**

Event # \_\_\_\_\_

**SECTION 1: INSTRUCTIONS FOR BANK**

- |                                                        |                                                                         |
|--------------------------------------------------------|-------------------------------------------------------------------------|
| 1 Verify cash/cheques submitted.                       | 4 Send to the provincial Terry Fox Foundation office (address on back). |
| 2 Enter total in "Amount Remitted".                    | 5 Stamp "Section 2" below, detach and give to participant.              |
| 3 Stamp "Section 1", process pledge sheets with funds. |                                                                         |

**TELLER STAMP**

SECTION 2

**SECTION 2: FOR PARTICIPANT RECORDS**

PLEASE NOTE: It is important to keep this record for 6 months. Clarification or confirmation of your deposit may be required.

Event # \_\_\_\_\_ City / Province \_\_\_\_\_

**AMOUNT REMITTED**

\$

NAME:	TEL:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
APT: ADDRESS: CITY: POSTAL CODE:		
Full mailing address required for tax receipt EMAIL:		
NAME:	TEL:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
APT: ADDRESS: CITY: POSTAL CODE:		
Full mailing address required for tax receipt EMAIL:		
NAME:	TEL:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
APT: ADDRESS: CITY: POSTAL CODE:		
Full mailing address required for tax receipt EMAIL:		
NAME:	TEL:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
APT: ADDRESS: CITY: POSTAL CODE:		
Full mailing address required for tax receipt EMAIL:		
NAME:	TEL:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
APT: ADDRESS: CITY: POSTAL CODE:		
Full mailing address required for tax receipt EMAIL:		
NAME:	TEL:	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
APT: ADDRESS: CITY: POSTAL CODE:		
Full mailing address required for tax receipt EMAIL:		

TOTAL (ADD TO FRONT)
\$

## You Make This Possible

Terry Fox supporters know that when they raise a dollar for cancer research, the ripple effect of that contribution can be felt in more than 75 different research projects spanning a variety of different sites.

Terry wanted money raised in his name to fund the best and brightest researchers and scientists in Canada.

Here are only a few of the programs that are made possible thanks to your generosity.

**Early lung cancer detection**

**Sub-type management of ovarian cancer**

**Biomarker driven management of prostate cancer**

**Canadian colorectal cancer consortium**

**Childhood leukemia genomics**

**New targets for metastatic breast cancer**

## Terry set a goal every day on his journey. Why don't you do the same for the 37<sup>th</sup> Run?

- COLLECT PLEDGES ONLINE! You can complement this pledge sheet and ask for donations through our website – [terryfox.org](http://terryfox.org).
- Ask your company for a CORPORATE donation.
- If your company donation didn't happen, perhaps they will MATCH what you fundraise!



**TERRYFOX.ORG / 1.888.836.9786**

### THE TERRY FOX FOUNDATION OFFICES

TOLL FREE 1 888 836-9786

#### BRITISH COLUMBIA / YUKON

2669 Shaughnessy St  
Port Coquitlam, BC V3C 3G7  
[bcyukon@terryfoxrun.org](mailto:bcyukon@terryfoxrun.org)

#### ALBERTA / NWT / NUNAVUT

Suite D10, 6115, 3<sup>rd</sup> St SE  
Calgary, AB T2H 2L2  
[abntnu@terryfoxrun.org](mailto:abntnu@terryfoxrun.org)

#### SASKATCHEWAN

1812 9<sup>th</sup> Avenue North  
Regina, SK S4R 7T4  
[sk@terryfoxrun.org](mailto:sk@terryfoxrun.org)

#### MANITOBA

Unit A - 1214 Chevrier Blvd  
Winnipeg, MB R3T 1Y3  
[mb@terryfoxrun.org](mailto:mb@terryfoxrun.org)

#### ONTARIO

Suite 900, 1200 Eglinton Ave E  
Toronto, ON M3C 1H9  
[ontario@terryfoxrun.org](mailto:ontario@terryfoxrun.org)

#### QUEBEC

Suite 207, 10 Churchill Boulevard  
Greenfield Park, QC J4V 2L7  
[qc@terryfoxrun.org](mailto:qc@terryfoxrun.org)

#### NEW BRUNSWICK / PEI

Suite 493, 605 Prospect St  
Fredericton, NB E3B 6B8  
[nbpei@terryfoxrun.org](mailto:nbpei@terryfoxrun.org)

#### NOVA SCOTIA

Suite 203, 3600 Kempt Rd  
Halifax, NS B3K 4X8  
[ns@terryfoxrun.org](mailto:ns@terryfoxrun.org)

#### NEWFOUNDLAND & LABRADOR

Suite 202, 835 Topsail Rd  
Mt Pearl, NL A1N 3J6  
[nl@terryfoxrun.org](mailto:nl@terryfoxrun.org)

The Terry Fox Foundation is incorporated under the Canada Corporations Act. BN/Registration Number: 10809 9979 RR0001