



"You can always count on us."
LEGGAT Presents ...
AUTO GROUP | LAG.CA

**THE 7TH ANNUAL
 1 & 5K Walk / Run
 Sunday, May 8, 2016**

**Register TODAY!
 Race Cap is 700**

**Celebrate Moms!
 And, step up for
 someone living
 with cancer.**



wellspring
 Birmingham Gilgan House
 Cancer Exercise Program

www.irondames.ca

Participant Name: _____

Supporting Team Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Email: _____ Phone: _____

IMPORTANT

- 1 Print clearly.
- 2 Ensure the information filled in is accurate.
- 3 Make cheques payable to **Wellspring Cancer Support Foundation**.
- 4 Donations to be submitted race day to Race Registration.

This form with **ALL** your monies will be sent to:
Wellspring Cancer Support Foundation
 4 Charles Street East, Suite 300, Toronto, ON M4Y 1T1
 Tel: 416.961.1928 Fax: 416.961.3721
 Charitable Registration # 89272 8940 RR0001

Wellspring collects the personal information requested on this form for the purpose of communicating to you information about Wellspring and its fundraising activities. By completing this form, you hereby consent to the collection, use and disclosure by Wellspring of your personal information in accordance with Wellspring's privacy policy found on www.wellspring.ca.

Official TAX RECEIPTS will be automatically issued for pledges of \$20 and over, ONLY WITH A COMPLETE AND LEGIBLE ADDRESS INCLUDING AN ACCURATE POSTAL CODE.

INFORMATION	PAYMENT	AMOUNT PLEDGED	PAID
FIRST NAME (Please print above line) _____ LAST NAME _____ APT# _____ STREET ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____ EMAIL _____ PHONE NUMBER _____	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX _____ CREDIT CARD NUMBER EXPIRE DATE (MM/YY): _____ NAME THAT APPEARS ON THE CARD _____	\$ _____	<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH
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