

DONATION FORM- Instructions

Thank you for signing up for Kick For A Cure. You are helping in the fight against childhood cancer by supporting the work for the Michael Cuccione Laboratory at the Research Institute at BC Children's Hospital. Please take the time to read these important instructions on how to fill out and submit the pledge form. Please supply us with your email address and phone number so that we may contact you about the details of the event (soccer times etc.).

Instructions:

- 1) Print off the donation form and ask companies, family or friends to support you as you Kick for a Cure!
- 2) Collect all your pledges
- 3) Post your payment on line through www.kickforacure.ca or send your pledges* to:
Michael Cuccione Foundation
PO Box 31081 - 8 - 2929 St. Johns Street
Port Moody BC V3H 4T4

* If you are collecting cash, please do not send the cash by mail. You can have someone write a cheque for the entire amount of cash collected and mail it to the above address. Please call the Foundation at 604 552-2850 if you have any questions. Please make all cheques payable to Michael Cuccione Foundation.

* You may bring your pledge form and donations total to the event on July 23rd 2011. We will try to accommodate everyone that would like to register a soccer team, however due to limited soccer times; those who raise \$500.00 or more as a team not to exceed more than 15 people will be accommodated on a first come first served bases. The soccer camp is also limited so please register ASAP we don't want to disappoint anyone but space is limited. THANK YOU!

PLEASE GO TO www.kickforacure.ca TO REGISTER or call Gloria Cuccione at 604 552-2850 FOR FULL EVENT DETAILS

Solicitor Information:**PLEDGE DONATION FORM**

Name:	Address/City: Postal Code:	Phone: Email:
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Donor Information:

First Name:	Address/City:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MC
Last Name:	Phone:		Credit Card#: / / /
	Postal Code:	Email:	Expiry Date: /
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Last Name:	Phone:	Credit Card #:	/ / /
	Postal Code:	Email:	Expiry Date: /

Please make cheques payable to:
Michael Cuccione Foundation

TOTAL
Thank you for your support!

**Make it your goal to
defeat childhood cancer!**