

# Archers Against Cancer

**PLEDGE FORM:**

First Name:

Last Name:

Email:

Address:

City:

Postal Code:

Phone:

*Please make cheques payable to: Archers Against Cancer*

Sponsor Name	Address	Telephone Number	Payment Type (cash/cheque)	Amount

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TOTAL: \$

In Support Of:



**London Health Sciences Foundation**

Charitable Registration Number: 89478 1475 RR0001