# Legends Car Club

South Central Cancer Resource

**Member's Name:** _____

* To receive a tax receipt, mailing address and email are required

| Sponsor's Name | Mailing Address | City | Postal Code | Email Address | Pledge Amount | Paid Yes/No |
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**Total Pledge Amount** $ _____

Income Tax Receipts will be issued for donations of $20.00 or more.

Please make all cheques payable to **Legends Car Club**.