Legends Car Club

South Central Cancer Resource

Members Name: _____

Sponsor's Name	Mailing Address (Required for tax receipt)	City	Postal Code	Email Address (Required for tax receipt)	Pledge Amount	Paid Yes/No

Total Pledge Amount: $_____

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

**** To receive a Tax Receipt, mailing address and email are required! ****

Please make all cheques payable to **South Central Cancer Resource**