



# Pledge Form



Yes! I would like to support the following SPCA or Humane Society with my fundraising:

\_\_\_\_\_

## IMPORTANT INSTRUCTIONS

HOLD THE WHISK! Have you considered fundraising online? Register online and have your donors give online to save the postage fees for the animals. Now that's a piece of cake! [nationalcupcakeday.ca](http://nationalcupcakeday.ca)

1. Fill out which SPCA or Humane Society to support at the top of this form. Donations will be directed to your society of choice.
2. Donations that you have collected online can be totaled up and entered in the "Online Donations" total on the back of this pledge form. Please do not enter individual online donations on this form.
3. All information requested is important to us and is required for tax receipts. Please complete the form carefully.
4. Please do not send cash in the mail. We accept cheques or credit card information.
5. Please ensure all totals add up correctly on the "Grand Total" line.
6. Please print clearly and make all cheques payable and mail to:
 

National Cupcake Day  
16586 Woodbine Avenue Stouffville, ON L4A 2W3

### NOT REGISTERED?

Please fill out this section if you HAVE NOT registered online.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

By providing your email address, you are agreeing to be emailed by your chosen local SPCA or humane society and National Cupcake Day™ organizer

Team Name (if applicable): \_\_\_\_\_

If this is a new team, you will be the team captain

I am a Youth Participant (18 and under):  Yes  No

### REGISTERED ONLINE?

Please fill out this section if you HAVE registered online.

Name: \_\_\_\_\_

Participant ID #: \_\_\_\_\_

Your Participant ID can be found on your Personal Fundraising Centre page

Team Name (if applicable): \_\_\_\_\_

\* To qualify for pre-event prizing you must register online at [nationalcupcakeday.ca](http://nationalcupcakeday.ca)

\* For full prizing rules and regulation please visit [nationalcupcakeday.ca](http://nationalcupcakeday.ca)

### EVENT WAIVER

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of **National Cupcake Day™**, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the participating societies holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that individual events may be photographed and videotaped and hereby give the participating societies rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: food allergies, diabetes) should check with his/her physician before participating. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/ or injuries incurred during or leading up to the event.

Participation in National Cupcake Day™ is undertaken at your own initiative and with the full permission, support and appreciation of the participating societies. In the event that the participating societies become aware of any false, incorrect or misleading information, the participating societies may revoke this Authority in its absolute discretion.

All youth participants (18 or under) must have a parent/guardian sign on their behalf. By signing this waiver, you agree to the terms listed under the Tax Receipting Guidelines.

Signature

Age

Date

\_\_\_\_\_

### TAX RECEIPTING GUIDELINES

All participants of National Cupcake Day™ must agree to the terms listing under these tax receipting guidelines:

- Tax receipts will only be issued for donations of \$10 or more, by the Ontario SPCA
- Tax receipts cannot be issued to the participant for the unreceipted portion of the funds collected on behalf of their donors.

NAME	PHONE ( )	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card
NAME	PHONE ( )	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card
NAME	PHONE ( )	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card
NAME	PHONE ( )	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card
NAME	PHONE ( )	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card
NAME	PHONE ( )	E-MAIL	DONATION AMOUNT
ADDRESS	CITY	PROV	POSTAL CODE
CARD NUMBER / /	EXPIRY DATE	SIGNATURE	\$ _____ <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit card <input type="checkbox"/> Use host credit card



**THANK YOU FOR YOUR SUPPORT!**



**I would like to pay the unpaid balance of my donor's pledges in full by credit card.**

Credit Card# \_\_\_\_\_

Expiry (MM/YY) \_\_\_\_\_ Signature \_\_\_\_\_ Balance Paid \$ \_\_\_\_\_

Subtotal of donations on this form  
\$ \_\_\_\_\_

Donations collected from donors  
not requiring tax receipts  
\$ \_\_\_\_\_

Online Donations  
\$ \_\_\_\_\_

GRAND TOTAL  
\*add numbers above  
\$ \_\_\_\_\_

**National Cupcake Day™ organized by:**



**Ontario SPCA**  
16586 Woodbine Ave,  
Stouffville, ON L4A 2W3

1-888-668-7722  
ontariospca.ca  
Charitable Registration No.  
#88969-1044-RR0002