



First name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Postal code: \_\_\_\_\_ Tel.: \_\_\_\_\_

Email address: \_\_\_\_\_

Yes, I take-up Leucan Shaved Head Challenge

☐ On an individual basis ☐ As part of the group/company/school: \_\_\_\_\_

Or I support Leucan by raising funds for the following participant/group/company/organization/school:

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

## FUNDRAISING FORM

Date of my challenge: \_\_\_\_\_ Shaving site: \_\_\_\_\_

Donor's first and last names (write clearly)	Address (write clearly)	City	Postal code	Email	Donation amount	Paid with	Tax receipt*
First name: _____ Last name: _____	_____ _____	_____	_____	_____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/>
First name: _____ Last name: _____	_____ _____	_____	_____	_____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/>
First name: _____ Last name: _____	_____ _____	_____	_____	_____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/>
First name: _____ Last name: _____	_____ _____	_____	_____	_____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/>
First name: _____ Last name: _____	_____ _____	_____	_____	_____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/>
First name: _____ Last name: _____	_____ _____	_____	_____	_____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/>
First name: _____ Last name: _____	_____ _____	_____	_____	_____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	<input type="checkbox"/>

TOTAL OF  
THIS PAGE

TOTAL IN  
CHECK

### Checks must be made payable to Leucan.

Charity number: 11901 8703 RR0001

\* Tax receipts will be issued for all donations of \$20 or more or upon request. The receipt can be issued only if the address is complete, legible and if the "tax receipt" box is checked.

TOTAL  
CASH

Leucan Abitibi- Témiscamingue 819 825-5200 1 877 238-4333	Leucan Région Québec 418 654-2136 1 877 606-2136	Leucan Estrie 819 563-1909 1 866 563-1909	Leucan Laurentides- Lanaudière 450 437-2090 1 877 353-8226	Leucan Mauricie-et- Centre-du-Québec 819 379-1010 1 866 353-8226	Leucan Montérégie 450 876-0444 1 800 945-4419	Leucan Outaouais 819 663-2228	Leucan Saguenay- Lac-Saint-Jean 418 602-3385	Leucan Montreal-Laval 514 731-3696 1 800 361-9643
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