



ROCKY MOUNTAIN
SOAP COMPANY
100% Natural Bath & Body

In support of
**Helping Hands
for Manitobans
with Breast Cancer**

Winnipeg - Women's Run & Walk

Fundraising Goal \$ _____

I understand that the funds I raise will be used to support the mission of Helping Hands for MBs with Breast Cancer.

Signature of Participant (or Parent/Guardian if under 18 years of age)

Official tax receipts will be issued for pledges of \$20 and over, ONLY with a complete and legible address - including an accurate POSTAL CODE.

NAME _____

ADDRESS _____

POSTAL CODE _____

PHONE _____

| | | | | | | AMOUNT | | | | | | | | | | PAID (✓) |
|---|--|----------------|---------------|-------|-------------|-----------------------|--|--|--|--|--|--|--|--|--|---|
| 1 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |
| 2 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |
| 3 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |
| 4 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |
| 5 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |
| 6 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |
| 7 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |
| 8 | FIRST NAME (Please print above the line) | LAST NAME | () AREA CODE | PHONE | | CREDIT CARD NUMBER | | | | | | | | | | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____ |
| | APT. # | STREET ADDRESS | CITY | PROV | POSTAL CODE | EXPIRY DATE M M / Y Y | | | | | | | | | | |



Helping Hands for Manitobans with Breast Cancer provides financial assistance to women and men in Manitoba who are experiencing financial difficulties while undergoing treatment and follow up for breast cancer.

www.rmswomensrun.com
www.helpinghands4mbwbc.com

SHEET TOTAL \$

Please return this form and all donations listed at **Race Package Pickup on August 19 and 20** (Rocky Mountain Soap Company, Polo Park Mall) or at the race on August 21 (Helping Hands table).