



Pledge Envelope

I am: Shaving my head Donating my hair Fundraising only

1

Last Name	First Name
Address	
City	Postal Code
Phone Number	Email Address
Are you a part of a school or team? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list your school or team name: _____	

2 The following is included:

Bills	# of bills	Total
\$100	x _____	= \$ _____
\$ 50	x _____	= \$ _____
\$ 20	x _____	= \$ _____
\$ 10	x _____	= \$ _____
\$ 5	x _____	= \$ _____
	Subtotal	\$ _____

Cash Subtotal	=	\$ _____	a
Cheque Subtotal	=	\$ _____	b
Total Cash and Cheques (a+b)	=	\$ _____	c
Online donation total	=	\$ _____	d
Grand Total (c+d)	=	\$ _____	e

Please remember to convert your coins to cash. Thank you in advance.

Participant or parent initial indicates that cash and cheque total is correct and balances to pledge sheets. _____



3

Permission and Consent

I give consent for Hair Massacure and the affiliated charities to use any photo, sound recording or video footage involving my participation or that of my child named on the front, in this event for promotional purposes.

_____Initials

I understand that by participating, or that of my child named on the front, in this event, I have given consent for my hair to be donated and/or shaved.

_____Initials

While every effort has been made to ensure the safety of all individuals participating in, volunteering at, or viewing the Hair Massacure event, I understand that Hair Massacure, and individuals representing or volunteering at the event assume no responsibility for any injury resulting from or occurring at the event.

Participant signature (if 18 or older)

Parent or Guardian signature (if participant is under 18)

Parent or Guardian printed name

Have you:

- Totaled pledge forms
- Initialed pledge forms
- Balanced cash and cheques to pledge forms
- Included all cash and cheques in envelope
- Signed the back of the envelope
- Completed balance sheet on front

Thank you for your help in reducing our administrative hours by ensuring that pledge sheet, balance sheet and money collected all match.

OFFICE USE ONLY
When balance sheet is complete, please fill in this box.

	Volunteer #	AMOUNT BALANCES TO:
Registration volunteer 1		\$
Registration volunteer 2		\$
Bank room volunteer		\$

Pre or post-drop is required for schools and groups over 10. Please call 780-469-3306 to make your appointment

We do not sell, rent or trade our donor lists. We collect, use and disclose personal information only for the purpose of processing donations and keeping you informed about the activities of Hair Massacure, and the two charities involved. By providing your information, you give the aforementioned organizations consent to maintain contact with respect to this event.



Pledge Form

Participant Name

Participant Phone Number

Tax receipts:

- Will only be issued for donations of **\$25** or more.
- Can only be issued if information is complete and legible.
- Will only be issued to the email address provided.

Please make all cheques payable to: Hair Massacure

If you wish to have a copy of your pledge sheets for your records, or to issue thank you cards, please photocopy before submitting.

First / Last name		Street address			Email address (Mandatory)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from Hair Massacure and the charities it supports.	
First / Last name		Street address			Email address (Mandatory)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from Hair Massacure and the charities it supports.	
First / Last name		Street address			Email address (Mandatory)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from Hair Massacure and the charities it supports.	
First / Last name		Street address			Email address (Mandatory)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from Hair Massacure and the charities it supports.	
First / Last name		Street address			Email address (Mandatory)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from Hair Massacure and the charities it supports.	
First / Last name		Street address			Email address (Mandatory)	
Donation amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	City	Postal code	Phone number	<input type="checkbox"/> I give my express consent to receive emails from Hair Massacure and the charities it supports.	

Cash Total (this page)	Cheque Total (this page)	Page Total	Participant Initials for accurate total	Office Initials
\$	\$	\$		

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Make your online donation at
www.hairmassacure.com

Send your pledge sheets and cheques to The Rainbow Society of Alberta
#7, 12122- 68 Street NW, Edmonton, AB T5B 1R1. For inquiries please call 780-469-3306.