



Pledge Form

Yes! I would like to support my participating local SPCA or Humane Society.
 Please visit www.nationalcupcakeday.ca to find a list of participating societies and enter the corresponding society number:

IMPORTANT INSTRUCTIONS

HOLD THE WHISK! Have you considered fundraising online? Online donors are automatically emailed a tax receipt, saving the postage fee for the animals. Now that's a piece of cake! www.nationalcupcakeday.ca

1. Donations received offline can be entered online by using a personal credit card. Donor information can be entered so your donors receive a tax receipt. By doing this, your donors will receive their tax receipt faster than if you mailed us your donations
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. Each donor does not need to be listed below
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. The event organizer is not eligible for a tax receipt from unreceipted funds collected from attendees. Please enter these funds in the "Donation collected from donors not requiring tax receipts" line at the bottom of this form.

7. Tax receipts will be issued for donations over \$10 by the BC SPCA in BC and the OSPCA for the rest of Canada. Donations will be directed to your society of choice.

8. Please print clearly and make all cheques payable to the BC SPCA (for support in BC) or to National Cupcake Day (for support in the rest of Canada) and mail to:

In BC:	In the rest of Canada:
National Cupcake Day	National Cupcake Day
1245 East 7th Ave.	16586 Woodbine Ave.
Vancouver, BC	Stouffville, ON
V5T 1R1	L4A 2W3

Please fill out this section if you HAVE registered online

Cupcake Party Host Name: _____

Participant ID Number: _____

Your participant ID number can be found on your online bakery at www.nationalcupcakeday.ca.

Cupcake Party Team Name: _____

* To qualify for pre-event prizing you must register online at www.nationalcupcakeday.ca.

* For full prizing rules and regulations please visit www.nationalcupcakeday.ca.

Please fill out this section if you HAVE NOT registered online

Cupcake Party Host Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ E-mail: _____

By providing your email address, you are agreeing to be emailed by your chosen 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 (17 and under): Yes No

EVENT WAIVER

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of National Cupcake Day for SPCAs & Humane Societies, 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 (17 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.

Signed: _____ Age: _____ Date: _____

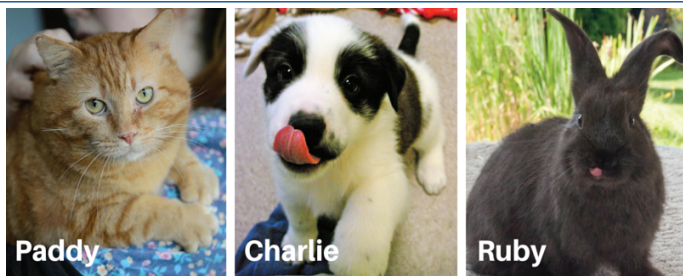
TAX RECEIPTING GUIDELINES

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.
- Proceeds from the sale of cupcakes are not receiptable unless the purchase/donation amount is greater than \$10 per cupcake.
- Tax receipts cannot be issued to the event organizer of a cupcake day event for the unreceipted portion of the event revenue received from the attendees.

FIRST NAME	LAST 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

FIRST 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
FIRST NAME	PHONE ()	E-MAIL	DONATION AMOUNT
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE	\$ _____ <input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE	\$ _____ <input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE	\$ _____ <input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card
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CARD NUMBER / /	EXPIRY DATE /	SIGNATURE	\$ _____ <input type="checkbox"/> cheque # _____ <input type="checkbox"/> credit card <input type="checkbox"/> use host credit card
FIRST 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!

Because of your fundraising efforts, animals across Canada will receive the care they need!

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 \$ _____

Event organized by:

Thank you for your support!



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

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



BC SPCA
1245 East 7th Ave.
Vancouver, BC V5T 1R1

1-800-665-1868
spca.bc.ca
Charitable Registration No.
#11881-9036-RR0001

Subtotal of donations on this form

\$ _____

Donations collected from donors not requiring tax receipts

\$ _____

Online Donations

\$ _____

Grand total
*add numbers above

\$ _____