

What is Balding for Dollars?

- A fund-raising event aimed at raising funds for family support programs, research, educational materials and medical supplies for the Cancer Ward and Outpatient Clinic at BC Children's Hospital.
- A chance to demonstrate that 'Bald is Beautiful' in support of children with cancer.
- An event to raise community awareness about childhood cancer.

Anyone is welcome to participate in Balding For Dollars. Head shaving can take place independently at home, school, work, or join us April 21, 2007 at BC Children's Hospital between 11am and 4pm.

DID YOU KNOW?

that there are approximately 150 new diagnoses of childhood cancer each year in BC? Or that 350 kids are in treatment? Or that 1200 are in long term follow up?



FOR MORE INFORMATION PLEASE CONTACT

Kelly May at 604-875-2345, ext 2497
or Dan Mornar at 604-721-0529
or call: 604-875-2345, ext 6477

Email: kmay@cw.bc.ca

www.baldingfordollars.com



In Support of children with cancer and blood disorders at BC Children's Hospital



April 21, 2007

11am-4pm

Child & Family Research Institute
4480 Oak St, Vancouver, BC V6H 3V4



hope

smiles

shave for the brave

Please note that all proceeds must be turned in to the Hospital by May 21, 2007. Forms and proceeds can be sent to:

BC Children's Hospital Foundation, 4480 Oak Street, Room B321
Vancouver, BC V6H 3V4

At BC Children's Hospital Foundation, your privacy is our priority. We adhere to all legislative requirements with respect to protecting privacy. We do not sell, rent or trade our donor lists with other organizations. The information we collect is used to process donations, keep people informed about our activities and ask for support to further our work for critically ill children. If at any time you wish to be excluded from any such contact, or if you have questions about our privacy policy, please contact our Privacy Officer at 604-875-2444, toll-free at 1-888-663-3033, or via email at privacyofficer@bcchf.bc.ca. Many thanks for your ongoing support and interest.

Register now at www.baldingfordollars.com

“But it’s morning. I have been given another day to hear and read and smell and walk and love and play. I’m alive for another day.” – 9 year old child with cancer

Donations and/or pledge forms should be received by BC Children’s Hospital Foundation within 21 days of your Balding for Dollars event.

SHAVEE INFO:

Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____
 Email: _____
 Event: _____

Amount cash/cheque: \$ _____
 Amount credit card: \$ _____
 Sub-total submitted: \$ _____
 Pledges outstanding: \$ _____
 Submitted & pledges: \$ _____
 On-line donations: \$ _____

DONOR DETAILS: for cash, cheque, credit card and/or pledged donations (do not include online donations.)

Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Name: PLEASE PRINT CLEARLY	Address: PLEASE PRINT CLEARLY	Amount:	Paid: Y / N	Card # _____
Phone: _____	City: _____ Postal Code: _____			Expiry Date: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
		TOTAL:		

Do not mail cash. Cheques should be made payable to:
 BC Children’s Hospital Foundation ‘Balding For Dollars’
 4480 Oak Street, B321, Vancouver, BC V6H 3V4

To receive a tax receipt, please write your complete address (City, Postal Code, etc).
 Tax receipts issued for \$20 or more, upon receipt of funds at BCCHF.



THANK YOU FOR YOUR SUPPORT

Donate on-line at www.baldingfordollars.com

IN SUPPORT OF CHILDREN WITH CANCER AND BLOOD DISORDERS AT BC CHILDREN’S HOSPITAL

THIS STRIP WILL BE TRIMMED OFF WHEN PRINTED TO FACILITATE PANELS FOLD FLAT