



PLEDGE FORM

Please attach cheques (payable to *Muscular Dystrophy Canada*). ON EVENT DAY, please hand in your pledge form(s). Based on CRA guidelines, donors must provide a full mailing address to receive a tax receipt. E-Receipts will automatically be issued for all donation amounts. Mailed tax receipts will only be issued for donations \$20 and above.

Charitable registration number: 10775 5837 RR0001

PARTICIPANT INFORMATION

Last Name		First Name and Initial(s)	
Address		Suite/Apt/Unit	
City	Prov	Postal Code	
*Email			
Tel (home)		Tel (business)	

Please help me reach my fundraising goal:

\$

EVENT INFORMATION

Event Location
Event Date

TEAM INFORMATION

Team Name
Team Captain's Name (first/last)

DONORS (PLEASE PRINT)

DONORS (PLEASE PRINT)						DONATION AMOUNT
1	Donor's Name (first/last)	Tel	*Email			
Address		Suite/Apt/Unit	City	Prov	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
2	Donor's Name (first/last)	Tel	*Email			
Address		Suite/Apt/Unit	City	Prov	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
3	Donor's Name (first/last)	Tel	*Email			
Address		Suite/Apt/Unit	City	Prov	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
4	Donor's Name (first/last)	Tel	*Email			
Address		Suite/Apt/Unit	City	Prov	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
						e-receipt? <input type="radio"/> YES <input type="radio"/> NO

*Muscular Dystrophy Canada collects personal information to communicate with supporters about our Mission—research, service delivery and fundraising. By providing your information, you give consent to be contacted. For a copy of our privacy policy, please contact us.

Waiver/Release: By participating in Muscular Dystrophy Canada's Walk & Roll for MDC event, I grant permission to Muscular Dystrophy Canada to photograph me in the course of my participation in the Walk & Roll for MDC event, and to use any photographs of me for Muscular Dystrophy Canada purposes in any media. I waive and release any and all claims for myself, my heirs, executors and administrators against Muscular Dystrophy Canada, its agents, employees and licensees and any sponsors, officials and organizers of the Walk & Roll for MDC event in connection with any injury, illness or death which may directly or indirectly result from my participation in this event, or from any claim arising in connection with the use of my name or any photos of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of Muscular Dystrophy Canada. I have read and fully understand and agree with the contents of this Agreement, prior to participating in the Walk & Roll for MDC event.

Page Total: \$ _____

Page _____ of _____

Total pledged for all pages: \$ _____

Signature of Participant or Guardian (if under 16 years of age)

Date

40 Eglinton Avenue East, Unit 500
 Toronto, ON M4P 3A2
 1-800-567-2873 | muscle.ca



Participant Name:

Team Name:

DONORS (PLEASE PRINT)						DONATION AMOUNT
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Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
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Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
3	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
4	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
5	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
6	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
7	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
8	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
9	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
10	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit City Prov Postal Code						e-receipt? <input type="radio"/> YES <input type="radio"/> NO

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