



Participant Name

Company Name

Pledge Collector

Pledge Collector Phone

Event Date

	First Name	Last Name	Address	City	Prov	PC	Amount	Cash	Chq	Credit Card
1										# Expiry
2										# Expiry
3										# Expiry
4										# Expiry
5										# Expiry
6										# Expiry
7										# Expiry
8										# Expiry
9										# Expiry
10										# Expiry
11										# Expiry
12										# Expiry

CHEQUES SHOULD BE MADE PAYABLE TO **MUSCULAR DYSTROPHY CANADA** TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OF \$20.00 OR MORE PLEASE BRING COMPLETED PLEDGE FORMS TO EVENT

