



# Pledge Form

Participant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Pledge Collector: \_\_\_\_\_ Pledge Collector Phone: \_\_\_\_\_  
 Event Date: \_\_\_\_\_

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY

| First Name | Last Name | Address | City | Pr | PC | Amount | Cash | Chq | Credit Card        |
|------------|-----------|---------|------|----|----|--------|------|-----|--------------------|
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |
|            |           |         |      |    |    |        |      |     | #:<br>Expiry Date: |

CHEQUES SHOULD BE MADE PAYABLE TO MUSCULAR DYSTROPHY CANADA  
 PLEASE SEND COMPLETED PLEDGE FORMS TO:

*Tax receipts will be issued for donations of \$20.00 Or more*



Muscular Dystrophy Canada  
 200 Belmead Professional Centre  
 8944 182 St  
 Edmonton, Ab T5T 2E3