



# PLEDGE FORM 2010

## Participant Information Required

LAST NAME		
FIRST NAME		
ADDRESS		
CITY	PROV	POSTAL CODE
TELEPHONE	EMAIL	

**PLEDGES** - Please print clearly and include full mailing address including postal code.  
If the information is incomplete, no tax receipt will be able to be issued.

NAME	ADDRESS	Cash/Cheque Total
		\$
<b>TOTAL</b>		

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Please make cheques out to: Families of SMA Canada.  
Copy this page if you need more space or download one at [www.rebeccarun.com](http://www.rebeccarun.com).  
All donations are tax-deductible. Registered charity # 86135 1922 RR0001

**Families of Spinal Muscular Atrophy Canada (FSMAC) thanks you for your support.**