



## 2020 Rebecca Run for Spinal Muscular Atrophy



Participant Information Required			
LAST NAME:		FIRST NAME:	
ADDRESS:			
CITY:	PROV:	POSTAL CODE:	
PHONE:		EMAIL:	
<b>PLEDGES:</b>	*Please print clearly and <b>INCLUDE FULL MAILING ADDRESS INCLUDING POSTAL CODE.</b> *Please provide a valid email address for tax receipts to be sent to *If the information is incomplete, no tax receipt will be able to be issued.		
Name	Address	Amount	Type
			Cash or Cheque
Email Address:			Cash or Cheque
			Cash or Cheque
Email Address:			Cash or Cheque
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Email Address:			Cash or Cheque
			Cash or Cheque
		<b>TOTAL:</b>	