**A picture containing logo

Description automatically generatedPLEDGE FORM**

**Participant Information Required**

|  |
| --- |
| **LAST NAME** |
| **FIRST NAME** |
| **ADDRESS** |
| **CITY PROV POSTAL CODE** |
| **TELEPHONE EMAIL** |

**NAMADDRESS (street, city, province, postal code) PHONE AND E-MAIL**

**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** |
|  |  | **$** |
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| **TOTAL** |  |  |

Page \_\_\_ of \_\_\_\_\_

**Please make cheques out to: Cure SMA Canada**

Copy this page if you need more space. and 14th at an

All donations are tax-deductible. Registered charitable #: 84178 1685 RR0001

**Cure SMA Canada values your support**