

PEDALING FOR PARKINSON'S - 2017 PLEDGE FORM



RIDER INFO

Last Name _____ First Name _____

Team Name _____

Address _____

City _____ Province _____ Postal Code _____

E-Mail _____ Telephone _____

Cell Phone on Ride Day _____

Tax receipts will automatically be issued for all pledges \$20+ with full donor address information included.
Receipts will be issued by September 15, 2017.

NAME	ADDRESS REQUIRED	CITY	PROV.	POSTAL CODE	PLEDGE	
	TELEPHONE	EMAIL OPTIONAL				
					\$	
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
					\$	
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
					\$	
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
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					\$	
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
PAGE _____ OF _____ PAGES					TOTAL COLLECTED THIS PAGE	\$
					ONLINE TOTAL	\$
Charitable Registration # 108091786 RR0001					TOTAL OF ALL PAGES	\$

PRIVACY STATEMENT Parkinson Canada collects personal information to communicate with supporters about initiatives/fundraising. By providing your information, you give consent to be contacted. For a copy of our privacy policy, please contact us.

THANK YOU FOR YOUR SUPPORT
Need help? Call 800-565-3000 or visit
pedalingforparkinsons.ca