



donate.parkinson.ca/yourway

Pledge form

Participant Information

Please note, this is a fundraising form only.
Registration online or by phone with waiver acceptance is required.

LAST NAME	FIRST NAME	PHONE	
ADDRESS		EMAIL	
CITY	PROVINCE	POSTAL CODE	TEAM NAME

Please print clearly

Include full mailing addresses and postal codes.
If the information is incomplete, no tax receipt will be issued.
Tax receipts will be mailed with in two months of submission.
Tax receipts will automatically be issued for all pledges \$20+

Please mail collected pledges as soon as possible to:
Fundraising your way
316 - 4211 Yonge St. Toronto, ON. M2P 2A9

FIRST NAME	LAST NAME	EMAIL	
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL	
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL	
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL	
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

Privacy statement

Parkinson Canada collects personal information to communicate with supporters about initiatives and fundraising.
By providing your information, you give consent to be contacted.
For a copy of our privacy policy, please contact us:
donating@parkinson.ca or call 1(800) 565-3000.

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

FIRST NAME	LAST NAME	EMAIL
PHONE	ADDRESS Street / City / Prov. / Postal Code	PLEDGE AMOUNT \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE