



# LIFE LISTS CHALLENGE PLEDGE FORM

Please note, this is a fundraising form only. Registration online or by phone with waiver acceptance is required. Please visit [lifelistschallenge.ca](http://lifelistschallenge.ca) or call 800-565-3000.

## PARTICIPANT INFO

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

**PLEDGES:** *Print clearly* including full mailing address and postal code. 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: **Life List Challenge, 316-4211 Yonge St. Toronto, ON. M2P 209**

NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	E-MAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
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	TELEPHONE	E-MAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

**PLEASE NOTE: Front and back count as one page. Flip page for more room and "TOTAL COLLECTED" area.**

**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.

**Need Help? Visit [www.lifelistschallenge.ca](http://www.lifelistschallenge.ca) or contact 800-565-3000**

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PAGE _____ OF _____ PAGES					TOTAL COLLECTED THIS PAGE \$
Copy this page if you need more space or download one at <a href="http://www.lifelistschallenge.ca">www.lifelistschallenge.ca</a>					TOTAL OF ALL PAGES \$