



PEDALING FOR PARKINSON CANADA

PLEDGE FORM

Please note, this is a fundraising form only. Registration online or by phone with waiver acceptance is required. Please visit www.pedalingforparkinsons.ca or call 800-565-3000.

RIDE LOCATION

PARTICIPANT INFO

LAST NAME	FIRST NAME	PHONE	
ADDRESS		EMAIL	
CITY	PROVINCE	POSTAL CODE	TEAM 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 within two months of submission. Tax receipts will automatically be issued for all pledges \$20+. Please mail collected pledges as soon as possible to: Pedaling For Parkinson's 316-4211 Yonge St. Toronto, ON. M2P 2A9

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 \$
	TELEPHONE	E-MAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
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 \$
	TELEPHONE	E-MAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
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 \$
	TELEPHONE	E-MAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

PLEASE NOTE: Front and back count as one sheet. Flip sheet 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.pedalingforparkinsons.ca
or contact 800-565-3000**

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



SHEET _____ OF _____ SHEETS	TOTAL COLLECTED THIS SHEET	\$ _____
Copy this sheet if you need more space or download one at www.pedalingforparkinsons.ca	TOTAL OF ALL SHEETS	\$ _____