

## Offline 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		РНО	PHONE		
ADDRESS			EMAIL	1			
CITY PROVINCE		E	POSTAL CODE		TEAM/EVENT NAME		
Would you like to learn more about becomin donor?		ng a monthly YES	Would you like to learn more about making a Parkinson Canada?			ng a planned gift to	
Please print clearly Include full mailing addre- If the information is incor Tax receipts will be maile Tax receipts will automat	nplete, no tax receip d within two months	s of submission.	Please mail collected pledges as soon as possible to: Fundraising your way 316-4211 Yonge St. Toronto, ON, M2P 2A9				
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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: donate@parkinson.ca or call

parkinson.ca/fundraise

1(800) 565-3000.

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