

Participant Name:

Team Name:

DONORS (PLEASE PRINT)						DONATION AMOUNT
1	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
2	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
3	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
4	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
5	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
6	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
7	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
8	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
9	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						
10	Donor's Name (first/last)		Tel		*Email	
Address						<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Suite/Apt/Unit						e-receipt? <input type="radio"/> YES <input type="radio"/> NO
City						
Prov						
Postal Code						

*Muscular Dystrophy Canada collects personal information to communicate with supporters about our Mission—research, service delivery and fundraising. By providing your information, you give consent to be contacted. For a copy of our privacy policy, please contact us.

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Total pledged for all pages: \$ _____