



MS WALK

IMPORTANT

1. Print clearly.
2. Print your information in the top right corner for accuracy.
3. Make cheques payable to the MS Society of Canada.
4. All pledge forms must be signed.
5. Feel free to print multiple copies of this pledge form.
6. For inquiries, please call 1 800 268-7582 or email events@mssociety.ca

FUNDRAISING GOAL \$

Official tax receipts will be issued for pledges of \$20 and over, ONLY with a complete and legible address – including an accurate POSTAL CODE.

I understand that the funds I raise will be used to support the mission of the MS Society of Canada.

Signature of Participant (or Parent/Guardian if under 18 years of age)



Danielle Doucette
1-2137 West 1St Ave
Vancouver, BC V6K 1E7

			Amount	Paid (✓)
1	FIRST NAME (Please print above the line) LAST NAME () AREA CODE PHONE APT. # STREET ADDRESS CITY PROV POSTAL CODE	CREDIT CARD NUMBER EXPIRY DATE M M / Y Y VISA MasterCard AMEX	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
2	FIRST NAME (Please print above the line) LAST NAME () AREA CODE PHONE APT. # STREET ADDRESS CITY PROV POSTAL CODE	CREDIT CARD NUMBER EXPIRY DATE M M / Y Y VISA MasterCard AMEX	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
3	FIRST NAME (Please print above the line) LAST NAME () AREA CODE PHONE APT. # STREET ADDRESS CITY PROV POSTAL CODE	CREDIT CARD NUMBER EXPIRY DATE M M / Y Y VISA MasterCard AMEX	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
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Sheet Totals \$ _____



You can return this pledge form with ALL your monies to:

MS Walk
BC and Yukon Division
1501-4330 Kingsway
Burnaby, BC V5H 4G7

Vancouver MS WALK 2010
2945138 - 1166380

www.mswalks.ca

The Multiple Sclerosis Society of Canada collects the personal information requested on this form to communicate about the MS Society and its fund raising activities. By completing this form, you consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. If you have any questions about your personal information, please contact our privacy officer at 1 800 268-7582. A copy of our privacy policy may be obtained at any MS Society office or at www.mssociety.ca.