



I M P O R T A N T

- 1 Print clearly.
- 2 Fill in your information in the top right corner.
- 3 Make cheques payable to the MS Society – MS Walk.
- 4 Sign the pledge sheet.

Walk Site: _____

Fundraising Goal: _____

Please consider using our online fundraising system at mswalks.ca instead of paper pledge sheets. Donors who pledge online will receive a tax receipt instantaneously, and will save the MS Society of Canada postage costs – helping us to direct more funds to research and services.

Name: _____

Address: _____

City: _____ Prov.: _____ Home Work

Postal Code: _____ Daytime Phone: _____

Email Address: _____

I give the MS Society of Canada permission to contact me by e-mail.

FILL IN THIS SECTION NEATLY
USE THE ADDRESS YOU REGISTERED WITH

			Amount Pledged	Payment Method	Paid
1	() FIRST NAME (Please print above line) LAST NAME AREA CODE PHONE _____ _____ APT # STREET ADDRESS CITY PROV POSTAL CODE	<input type="checkbox"/> I would like to receive my tax receipt via email My email address is _____ <small>*To make a donation by credit card, please visit our secure site at mswalks.ca and click 'Find a walker or team' to pledge a participant, or call 1-800-268-7582. Please have the name of the participant you wish to pledge ready when you call.</small>	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 OR \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> YES <input type="checkbox"/> CHEQUE <input type="checkbox"/> NO	
2	() FIRST NAME (Please print above line) LAST NAME AREA CODE PHONE _____ _____ APT # STREET ADDRESS CITY PROV POSTAL CODE	<input type="checkbox"/> I would like to receive my tax receipt via email My email address is _____ <small>*To make a donation by credit card, please visit our secure site at mswalks.ca and click 'Find a walker or team' to pledge a participant, or call 1-800-268-7582. Please have the name of the participant you wish to pledge ready when you call.</small>	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 OR \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> YES <input type="checkbox"/> CHEQUE <input type="checkbox"/> NO	
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Official TAX RECEIPTS will be automatically issued for pledges of \$20 and over, ONLY WITH A COMPLETE AND LEGIBLE MAILING ADDRESS INCLUDING AN ACCURATE POSTAL CODE.

Sheet Total Submitted \$ _____

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

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



You can return this form with **ALL** your monies to:
MS SOCIETY – MS Walk
 PO Box 37, Station F, 50 Charles Street East
 Toronto, ON M4Y 2L4
OR at one of the Check-in locations –
mswalks.ca / 1-888-822-8467

The MS Society collects the personal information requested on this form for the purpose of communicating to you information about the MS Society and its fundraising activities. By completing this form, you hereby 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 mssociety.ca.
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