



PARTICIPANT INFORMATION		TEAM INFORMATION	
Name (first/last)		Team Name	
Email		Team Captain's Name (first/last)	
Tel. (home)	Tel. (business)		
Address		Suite/Apt/Unit	
City		Province	Postal Code

DONORS (PLEASE, COMPLETE IN BLOCK LETTERS)						PLEDGE AMOUNT
1	Donor's Name (first/last)		Tel.	* Email optional		\$
	Address	Suite/Apt/Unit	City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt
2	Donor's Name (first/last)		Tel.	* Email optional		\$
	Address	Suite/Apt/Unit	City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt
3	Donor's Name (first/last)		Tel.	* Email optional		\$
	Address	Suite/Apt/Unit	City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt
4	Donor's Name (first/last)		Tel.	* Email optional		\$
	Address	Suite/Apt/Unit	City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt
5	Donor's Name (first/last)		Tel.	* Email optional		\$
	Address	Suite/Apt/Unit	City	Prov.	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt

Receipts will automatically be issued for donations of \$20 or more. For donations less than \$20, receipts will be issued upon request. Donor's name and address must be complete and legible to receive a tax receipt. Note: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency.

**Muscular Dystrophy Canada : 1425, Blvd. René-Lévesque West, suite 506, Montreal (Quebec) H3G 1T7**

**1 800 567-2236, extension 3106**

Page Total	\$
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