

# RONA MS Bike Tour – Leduc to Camrose 2010



### 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 [kim.sieben@mssociety.ca](mailto:kim.sieben@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)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

			Amount	Pd
1	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		
2	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		
3	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		
4	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		
5	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		
6	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		
7	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		
8	FIRST NAME (Please print above the line) _____	LAST NAME _____	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 or \$ _____	
	APT. # _____	STREET ADDRESS _____		
		( ) _____		
		AREA CODE _____		
		PHONE _____		
		CREDIT CARD NUMBER _____		
		VISA MasterCard AMEX		
		EXPIRY DATE _____ / _____		

**Sheet Totals** \$ \_\_\_\_\_



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

RONA MS BIKE TOURS  
 MS Society – AB Division  
 150 – 9405 50 Street  
 Edmonton AB T6B 2T4

[www.mssociety.ca](http://www.mssociety.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](http://www.mssociety.ca).