Marathon Strides Against MS

My Name _____ Team Name (if applicable) _____
(first) (last)

_____ _____
Address Apartment #

_____ _____ _____
City Province Postal Code

Please include personal information on all pledge forms submitted. Each team member must use a separate pledge form.
Please print clearly and photocopy this sheet if needed.

Please make cheques payable to: Marathon Strides against ms
An official tax receipt will be issued for paid pledges of $25 and over—unless specifically requested.

_____ _____
Sponsor's Name (first) (last) Phone (Day)

_____ _____
Address Apartment #

_____ _____ _____
City Province Postal Code

Amount Pledged: ☐ $25.00 ☐ $50.00 ☐ $100.00 Other: _____ Paid: ☐ Yes ☐ No

Method of Payment: ☐ Cash ☐ Cheque ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Credit Card #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry Date: ____/____

Signature of Credit Card Holder: _____

_____ _____
Sponsor's Name (first) (last) Phone (Day)

_____ _____
Address Apartment #

_____ _____ _____
City Province Postal Code

Amount Pledged: ☐ $25.00 ☐ $50.00 ☐ $100.00 Other: _____ Paid: ☐ Yes ☐ No

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Credit Card #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry Date: ____/____

Signature of Credit Card Holder: _____

NAME: _____ **POSTAL CODE:** _____

Sponsor's Name (first) _____ (last) _____ Phone (Day) _____

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Credit Card #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry Date: ____/____

Signature of Credit Card Holder: _____

Sheet ___ of ____

Total Cash: $ _____

Total CC: $ _____

Total Cheques: $ _____

Sheet Total: $ _____