



ALS SOCIETY OF CANADA
 3000 Steeles Avenue East, Suite 200
 Markham, Ontario L3R 4T9
 Tel. 905-248-2052 Fax: 905-248-2019
 Toll Free: 1-800 267-4257
 www.als.ca

PLEDGE FORM

PLEASE PRINT CLEARLY

Participant Name: _____ Event Sponsored: _____
 Address: _____
 City/Province: _____ Postal Code: _____ E-mail: _____
 Phone # Home: _____ Business: _____

Donor Name	Donor Mailing Address (# Street, Rural Route, City, Province)	Postal Code	Telephone/Email		Amount	CHQ./ Cash	Received
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- Please photocopy this form if you need extras
- Make cheques payable to the ALS Society of Canada
- Collect the money when the pledge agrees to contribute
- Receipts will be issued for all donations of \$20 or more, unless requested

Total number of donations _____

Total dollar amount of donations \$ _____

The information you provide will be used to provide tax receipts, and to keep you informed of other events and fundraising opportunities in support of the ALS Society of Canada. If at any time you wish to be removed from our list, simply contact us by phone at 1-800-267-4257.



“WHAT WOULD YOU DO, WHILE YOU STILL COULD?”