

# Pledge Sheet

Beez Kneez Dystonia Walk  
Friday, May 26, 2017

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/PROVINCE /POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Please Print Clearly**

**Make cheques payable to DMRF Canada (receipts will be issued only for donations \$20 and over)**

	First Name	Last Name	Address - include Street, City, Prov, Postal Code	Phone	Amount
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20.					

Please visit [www.dystoniacanada.org/beezkneez](http://www.dystoniacanada.org/beezkneez) for more details

**Total Pledges:** \_\_\_\_\_