

# DMRF Canada Pledge Sheet

**Fundraiser Title:**

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**Fundraiser Description:**

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**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)**

Date	First Name	Last Name	Address - include Street, City, Prov, Postal Code	Phone/Email	Amount

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

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