

Pledge Sheet
Freedom to Move: Run, Walk, and Wheel for Dystonia
June 1-30, 2025

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
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please visit www.dystoniacanada.org/freedomtomove for more details

Total Pledges: _____