

Pledge Sheet
Freedom to Move: Run, Walk, and Wheel for Dystonia
June 1-30, 2026

| | | | | |
|--------------|-----------------|---------------------------------------|-------------------|---------------|
| 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: _____