

The Nathan Ride for Hope

Saturday September 17, 2011



Name: _____ Team Name: _____ Organization: _____
 Personal Address: _____ City/Province: _____ Postal Code: _____
 Phone: _____ Email: _____ Page: . of _____

COMPLETE MAILING ADDRESS						
NAME	(A tax receipt can be issued for donations of \$20 or more upon request. Check box if receipt is required)		POSTAL CODE	PHONE/EMAIL	PLEDGE \$	REC'D
1.		<input type="checkbox"/>				<input type="checkbox"/>
2.		<input type="checkbox"/>				<input type="checkbox"/>
3.		<input type="checkbox"/>				<input type="checkbox"/>
4.		<input type="checkbox"/>				<input type="checkbox"/>
5.		<input type="checkbox"/>				<input type="checkbox"/>
6.		<input type="checkbox"/>				<input type="checkbox"/>
7.		<input type="checkbox"/>				<input type="checkbox"/>
8.		<input type="checkbox"/>				<input type="checkbox"/>
9.		<input type="checkbox"/>				<input type="checkbox"/>
10.		<input type="checkbox"/>				<input type="checkbox"/>
TOTAL:						

Please attach cheques, payable to **MUSCULAR DYSTROPHY CANADA**, to pledge form and return to your event coordinator.