



PLEDGE FORM 2012

Participant Information Required

LAST NAME		
FIRST NAME		
ADDRESS		
CITY	PROV	POSTAL CODE
TELEPHONE	EMAIL	

PLEDGES - Please print clearly and include full mailing address including postal code.
If the information is incomplete, no tax receipt will be able to be issued.

NAME	ADDRESS	Cash/Cheque Total
		\$
TOTAL		

Page ___ of ____

Please make cheques out to: Families of SMA Canada.
Copy this page if you need more space or download one at www.rebeccarun.com.
All donations are tax-deductible. Registered charity # 86135 1922 RR0001

Families of Spinal Muscular Atrophy Canada (FSMAC) thanks you for your support.