

This is pledge form # \_\_\_\_\_ out of \_\_\_\_ total pages

Participant Name



Toam Namo

## **2024 PLEDGE FORM**

Scleroderma Canada's Charitable Registration #BN869588772 RR0001

·			pant Phone Number:			
				a full name and complete mailing address. Pleas  Credit Card #, exp. date, CVV	se ensure print  Donation	ing is clear.  Payment
Donor Name	Donor Address & Postal Code	Phone Number	Payment Type (Cash, cheque, credit card)	(only if applicable)	Amount	Collected?
Cheques payable to: Scleroderma Atlantic. Note "Make a Move" on memo line.				<b>Total Amount Submitted</b>	\$	
	t info@sclerodermaatlantic.ca			Total Amount Submitted	•	
Donations can also be ma	nde online: www.sclerodermaatlantid	c.ca 🦸	14			
Please print this pledge sheet as required should you need additional pages.  Scleroderma Sclérodermie Canada				**Forms & donations can be brought to registration table at your local Celebration Day.		