

Pledge Sheet

Chuck's Run for Dystonia

5 km Run, Walk and Wheel
High Park, Sunday **June 4th, 2017**

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

Total Pledges: _____