

IMPORTANT

- 1 Print clearly.
- 2 Fill in your information in the top right corner.
- 3 Make cheques payable to **MS Cure**
- 4 Sign the pledge sheet.



Fundraising Goal: _____

Online Fundraising Page
<http://mssoc.convio.net/MSKick>

To accept donations by credit card, have your donor visit our secure site above and click 'DONATE' to pledge you or have them call 250-388-6496 ext. 7300 with your name and their credit card number.

Name: _____
 Address: _____
 City: _____ Prov.: _____ Home Work
 Postal Code: _____ Daytime Phone: _____
 Email Address: _____
 I give the MS Society of Canada permission to contact me by e-mail.

Please list **ONLY** cash and cheque donations here. To make a donation by credit card, please call 1-800-268-7582 • Official tax receipts will be automatically issued for donations of \$20 and over with a valid postal address. If your donor provides an email address, we will send their tax receipt by email • We require a complete and valid postal address in order to issue a tax receipt, even if an email address has been provided.

	Amount Pledged	Payment Method	Paid
1	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR			
\$ _____			
FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____			
APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____			
2	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR			
\$ _____			
FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____			
APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____			
3	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR			
\$ _____			
FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____			
APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____			
4	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR			
\$ _____			
FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____			
APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____			
5	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> CASH	<input type="checkbox"/> YES
	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> NO
OR			
\$ _____			
FIRST NAME (Please print above line) _____ LAST NAME _____ EMAIL _____			
APT # _____ STREET ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____			

You can return this form with ALL your monies to:

**MS SOCIETY OF CANADA
 BC & YUKON DIVISION**
 1103-4720 Kingsway, Burnaby BC V5H 4N2
 604-689-3144 / 1-800-268-7582

I understand that the funds I raise will be used to support the mission of the Multiple Sclerosis Society of Canada.

Sheet Total Submitted:	\$ _____
------------------------	----------

 Signature of Participant (or Parent/Guardian if under 18 years of age)

The Multiple Sclerosis Society of Canada is a member of Imagine Canada. As a participant or volunteer in one of our events, we ask that you adhere to Imagine Canada's ethical code as outlined by the MS Society's statement, "The Ethical Code: Partnering with Fundraisers and Volunteers" at mssociety.ca/financial. The MS Society collects the personal information requested on this form for the purpose of communicating to you information about the MS Society and its fundraising activities. By completing this form, you hereby consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. If you have any questions about your personal information, please contact our Privacy Officer at 1-800-268-7582. A copy of our privacy policy may be obtained at any MS Society office or at mssociety.ca. WKNATEN

