ALS WALK STRONG PLEDGES

Name: _____Email: _____

Address:_____

DONOR NAME	ADDRESS	$

CHARITABLE REGISTRATION #: 88882 4662 RR0001

TOTAL:

ALL DONATION RECORDS MUST BE PRINTED CLEARLY WITH A FULL ADDRESS INCLUDING A POSTAL CODE IN ORDER TO ENSURE A TAX RECEIPT IS SENT. CHEQUES PAYABLE TO ALS SOCIETY OF NEW BRUNSWICK AND NOVA SCOTIA. TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OF $20 OR MORE.