NAME:_____ **RESTAURANT:**_____

TEAM NAME:_____

*Please make all cheques payable to the MS Society. All pledges are due on the 25th upon arrival. Please contact amy.martin@mssociety.ca for additional pledge sheets.

NAME	PLEDGE	$ TYPE	ADDRESS	RECIEPT
EX. John Smith	$20.00	✓ or $	123 John St. Brantford, ON N3T 1M2	YES

NAME	PLEDGE	$ TYPE	ADDRESS	RECIEPT