



# Manitoba Down Syndrome Society

## Walk With Us

### Sunday, September 24, 2017



**Canadian Mennonite University, North Campus, 500 Shaftesbury Blvd.  
Registration, Picnic/Pizza Lunch & Entertainment 12:00 noon-2:00pm | Walk at 2:00pm**

<u>Name</u>	<u>Address (street, city, prov, PC)</u>	<u>Email</u>	<u>Phone #</u>	<u>Pledge Amt.</u>	<u>Pledge Received</u>	<u>Tax Receipt</u>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional pledge sheets are available online at [www.walkwithus.ca](http://www.walkwithus.ca) or contact our office at 204-992-2731.

\*Receipts will be sent out starting at the end of January 2018 for pledges of \$20.00 or more (unless specifically requested). All names, addresses & postal codes must be legible to receive a tax receipt.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Walking for: \_\_\_\_\_ Please accept my total submission of \$ \_\_\_\_\_. **For office use:** Initials \_\_\_\_\_ Date \_\_\_\_\_

(Child's or Team Name)

**\*\*Please consider writing one cheque to MDSS for all cash donations you collect. This simplifies the registration process.**