



Manitoba Down Syndrome Society

Walk With Us

Sunday, September 29, 2019



**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 or contact our office at 204-992-2731.

*Receipts will be sent out starting at the end of January 2020 for pledges of \$20.00 or more. If email is provided, receipts will be sent via email, this is preferred due to the lower cost and effort .

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.**