MAKE A MOVE FOR SCLERODERMA

2026 PLEDGE FORM

Participant Name: _____ Team Name: _____

Participant E-mail: _____ Participant Phone Number: _____

Donations of $20 or more are eligible for a charitable tax receipt. All tax receipts require a full name and complete mailing address. Please ensure printing is clear.

Donor Name	Donor Address & Postal Code	Phone Number	Payment Type (Cash, cheque, credit card)	Credit Card #, exp. date, CVV (only if applicable)	Donation Amount	Payment Collected?
				Total Amount Submitted	**$**	

Cheques payable to: Scleroderma Canada. Note "Make a Move" on memo line.
Questions? Please contact Riva at riva@scleroderma.ca
Donations can also be made online: fundraising.scleroderma.ca

Please print this pledge sheet as required should you need additional pages.
This is pledge form # _____ out of _____ total pages

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**Forms & donations can be brought to registration table at your local Celebration Day or email Riva Lewis: riva@scleroderma.ca

Charitable Registration #BN869588772 RR0001