MAKE A MOVE FOR SCLERODERMA

SCLERODERMA ATLANTIC
SCLÉRODERMIE ATLANTIQUE

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 from Scleroderma Atlantic. 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 Atlantic. Note "Make a Move" on memo line.
Questions? Please contact info@sclerodermaatlantic.ca
Donations can also be made online: www.sclerodermaatlantic.ca

Please print this pledge sheet as required should you need additional pages.

This is pledge form # _____ out of _____ total pages

**Forms & donations can be brought to registration table at your local Events Day.

Scleroderma Atlantic Charitable Registration #847608437RR0001