

# The Parkinson's Peloton Campaign

## PLEDGE FORM



Cyclist: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Suite # \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE PRINT

Sponsor Name	Address (full address if receipt required)	City, Prov/State	Postal / Zip Code	Telephone	\$ Amount	Entered Online ✓
	Email:					
	Email:					
	Email:					
	Email:					
	Email:					
	Email:					
					<b>TOTAL ENCLOSED</b>	<b>\$</b>

\* All donations of \$20 or more will receive a tax receipt.

Please return to: Toronto General & Western Hospital Foundation – ATTN: Parkinson's Peloton Campaign  
R. Fraser Elliott Building, 5S-801, 190 Elizabeth Street, Toronto, ON M5G 2C4