



Manitoba Down Syndrome Society - Westman

2nd Annual Buddy Walk

Sunday, September 26, 2010



East End Community Center, 405 Park Street, Brandon, MB
 Registration, Food, Beverages & Entertainment 10:00am - 1:00pm | Walk at 11:00am

Name	Address	Postal Code	Phone #	Pledge Amount	Pledge Received	Tax Receipt for \$20 & over
					<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
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					<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.mbdss.ca/westman Receipts issued automatically 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 _____

Photo Disclaimer:
 Please note that during the Buddy Walk, pictures will be taken which may be published in MDSS newsletters, other promotional materials, as well as the commercial media. If you don't wish to have your picture published, advise the photographer.