

# CMCC 40th annual Backs in Motion'23 pledge form



**Event Participants:**

Back, back, back, & BACK AGAIN... Celebrating 40 YEARS! Please register online at [cmcc.ca/BacksinMotion](http://cmcc.ca/BacksinMotion)

Email [events@cmcc.ca](mailto:events@cmcc.ca) your pledge sheets, and/or you can add your offline pledges to your CanadaHelps page.

**Donors:**

Please print clearly and fill out all of the information requested. Please make cheques payable to CMCC (Run). Tax receipts will be issued for gifts of \$20 or more and will be mailed to donors by July 2023.

To pledge by phone, please call 647 265 4186 and state clearly: Name of person pledged, your name, mailing address, phone number and credit card number (VISA, Mastercard, Amex) with expiry date.

If you would like more information or have questions about the CanadaHelps page, please email Kristin Earle at [events@cmcc.ca](mailto:events@cmcc.ca)

Amount pledged

Paid

Remove from mailing list

**NAME OF PARTICIPANT:**

<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
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<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
<p><b>Donor's name:</b> .....</p> <p><b>City:</b> .....</p> <p><b>Province:</b> .....</p> <p><b>Postal code:</b> .....</p> <p><b>Phone:</b> .....</p>	<p><b>Address:</b> .....</p>	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>

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