



**IMPORTANT**

- 1 Print clearly.
- 2 Fill in your information in the top right corner.
- 3 Make cheques payable to the MS Society – Rona MS Bike Tour.
- 4 Sign the pledge sheet.

Fundraising Goal: \_\_\_\_\_

Please note that all cyclists must submit \$325 in donations to ride.  
 Please consider using our online fundraising system at [mssociety.ca](http://mssociety.ca) instead of paper pledge sheets. Donors who pledge online will receive a tax receipt instantaneously, and will save the MS Society of Canada postage costs – helping us to direct more funds to research and services.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_  Home  Work  
 Postal Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

I give the MS Society of Canada permission to contact me by e-mail.

						Amount Pledged		Paid
1	FIRST NAME (Please print above line)	LAST NAME	AREA CODE	PHONE	( )	CREDIT CARD NUMBER	EXP. DATE M M Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> YES <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> NO OR \$ _____
	APT #	STREET ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	/	
2	FIRST NAME (Please print above line)	LAST NAME	AREA CODE	PHONE	( )	CREDIT CARD NUMBER	EXP. DATE M M Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> YES <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> NO OR \$ _____
	APT #	STREET ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	/	
3	FIRST NAME (Please print above line)	LAST NAME	AREA CODE	PHONE	( )	CREDIT CARD NUMBER	EXP. DATE M M Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> YES <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> NO OR \$ _____
	APT #	STREET ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	/	
4	FIRST NAME (Please print above line)	LAST NAME	AREA CODE	PHONE	( )	CREDIT CARD NUMBER	EXP. DATE M M Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> YES <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> NO OR \$ _____
	APT #	STREET ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	/	
5	FIRST NAME (Please print above line)	LAST NAME	AREA CODE	PHONE	( )	CREDIT CARD NUMBER	EXP. DATE M M Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> YES <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> NO OR \$ _____
	APT #	STREET ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	/	
6	FIRST NAME (Please print above line)	LAST NAME	AREA CODE	PHONE	( )	CREDIT CARD NUMBER	EXP. DATE M M Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> YES <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> NO OR \$ _____
	APT #	STREET ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	/	
7	FIRST NAME (Please print above line)	LAST NAME	AREA CODE	PHONE	( )	CREDIT CARD NUMBER	EXP. DATE M M Y Y	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> YES <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> NO OR \$ _____
	APT #	STREET ADDRESS	CITY	PROV	POSTAL CODE	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	/	

Official TAX RECEIPTS will be automatically issued for pledges of \$20 and over, ONLY WITH A COMPLETE AND LEGIBLE ADDRESS INCLUDING AN ACCURATE POSTAL CODE.

Tour Site: \_\_\_\_\_ Sheet Total Submitted \$ \_\_\_\_\_

You can return this form with ALL your monies to:  
 MS SOCIETY – RONA MS Bike Tours  
 1004 North Park St. Victoria, BC V8T 1C6  
 or  
 321 Coronation Ave. Duncan, BC V9L 2T1  
 OR at one of the Check-in locations - [msbiketours.ca](http://msbiketours.ca)

I understand that the funds I raise will be used to support the mission of the Multiple Sclerosis Society of Canada.

Signature of Participant (or Parent/Guardian if under 18 years of age)

The MS Society collects the personal information requested on this form for the purpose of communicating to you information about the MS Society and its fundraising activities. By completing this form, you hereby consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. If you have any questions about your personal information, please contact our Privacy Officer at 1-800-268-7582. A copy of our privacy policy may be obtained at any MS Society office or at [www.mssociety.ca](http://www.mssociety.ca).

