



SSM 5K RUN/WALK TO CURE FOP PLEDGE FORM

Registration fee: Adults/kids (13 yr & up) \$10 or FREE if \$50 in pledges; kids (12 yrs & under) \$10 or FREE if \$30 in pledges; Teams (4 or more) \$40 or FREE if \$200 in pledges. Please make cheques payable to CFOPN. Please total pledges on form & put all cash/cheques in envelope & hand in at event. Canadian FOP Network receives 100% of each cheque/cash donation. Registered Charity #834338691RR0001.

www.sooruntocurefop.com

RUNNER INFORMATION (Please print)

Name: _____

Address: _____

Telephone: _____

Team Name (optional): _____

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CFOPN Head Office: 101 Brixham Cr., London, ON, N6K 1K9, 519-641-5742, canadianfopnetwork@live.com, www.cfopn.org

***TAX RECEIPTS** – Canada Revenue will not allow receipting without a donor address. Receipts will be issued on all donations **\$20 and over.**

Online donations can be made at www.sooruntocurefop.com

1	Donor Name	Mandatory CRA *Address	Mandatory CRA *City	Prov	Postal Code	E-mail Address (receipts can be emailed)	Amount	Recv'd
2								
3								
4								
5								
6								
7								
8								
9								
10								

If you did online fundraising, please enter the total amount you raised with Online Fundraising

Participants: Please make a copy of the pledge sheet for your records and ensure address information is complete so donors get receipted.

Donors: Thank you for your support of this event supporting research into therapies and a cure for Fibrodysplasia Ossificans Progressiva.

Cash/cheques totals VERIFIED at REGISTRATION (Volunteer Name: _____)

Total Cheques	
Total Cash	
Total Collected	

Date: _____