



# ALS PLEDGE SHEET

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

DONOR NAME	ADDRESS	\$

**CHARITABLE REGISTRATION #: 88882 4662 RR0001**

**TOTAL:**

ALL DONATION RECORDS MUST BE PRINTED CLEARLY WITH A FULL ADDRESS INCLUDING A POSTAL CODE IN ORDER TO ENSURE A  
TAX RECEIPT IS SENT. CHEQUES PAYABLE TO THE ALS SOCIETY OF NEW BRUNSWICK AND NOVA SCOTIA.  
TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OF \$20 OR MORE.