



ALS PLEDGE SHEET

Name: _____ Email: _____

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.**