



Manitoba  
**Down Syndrome**  
Society

# MDSS WALK WITH US

## Sunday September 20, 2026

Presented By:



Name	Full Address	Email	Phone	Amount	Type	Tax Receipt
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Receipts will be sent out by the end of January 2027 for pledges of \$20 or more. If email is provided they will be sent via email.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Total Cash: \_\_\_\_\_

Team: \_\_\_\_\_ For office use: Initials \_\_\_\_\_ Date \_\_\_\_\_ Total Cheque: \_\_\_\_\_