

PLEDGE FORM

Thank you for joining The March for Music Therapy!
By getting involved, you have made a difference.



MARCHER INFORMATION

First Name	Last Name	Email	Phone #
Address		Apt #	City Prov Postal Code
<p>Yes, I do <input type="checkbox"/> No, I do not <input type="checkbox"/> : grant The Canadian Music Therapy Trust Fund (CMTTF) and the Canadian Association for Music Therapy (CAMT) the right to use photographs of me taken at the March for Music Therapy and authorize both parties to publish photos in print and/or electronically for the purpose of promoting music therapy and the activities of CMTTF and CAMT.</p> <p>I release The Canadian Music Therapy Trust Fund and the Canadian Association for Music Therapy and all sponsors from any claim, injury, losses or liabilities as a result of participation in The March for Music Therapy. If you are 18 years of age or under, please have your parent or guardian sign this form.</p>			
Signature: _____		Date: _____	March official: _____
Guardian/Substitute decision maker name : _____		Signature _____	Date _____

DONOR INFORMATION

PLEASE PRINT CLEARLY

				Amount \$	Check for Tax receipt (for amounts of \$20 or more)
First Name	Last Name	Email	Phone #		
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Name on credit card	CC#	Expiry Date	
First Name	Last Name	Email	Phone #		
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<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cheque <input type="checkbox"/> Cash		Name on credit card	CC#	Expiry Date	
Charitable registration number: 88551 0008 RR0001				TOTAL	

**Music Therapy: Accredited therapist +
music + science = Transformed lives**

In support of



In partnership with



PLEDGE FORM



 Marcher Name:

 Address

 E-mail / phone #

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