



2020 STREET APPEAL VOLUNTEER RESPONSE FORM

Friday 4th September and Saturday 5th September 2020

Yes I would love to help (tick all that applies):

Friday 4th September

Saturday 5th September

Sorry I am unable to collect, but please accept my donation of \$ _____

Bank Account: BNZ 02 0800 0969020 00 (Reference: Street Appeal and your name/organisation name)

Cheques: Payable to Multiple Sclerosis & Parkinson's Society of Canterbury Inc.

Give a Little platform: www.givealittle.co.nz/org/MSPD

Name: _____

Email: _____

Address: _____

Contact Phone Number/s: _____

Preferred Area for Collection: _____

I can pick up our materials from Unit 3, 49 Sir William Pickering Drive, Burnside Yes/No (It is a great help for us if you can)

If No please provide delivery details: _____

Signed: _____ Date ____/____/____

PLEASE COMPLETE THIS FORM AND RETURN AS SOON AS POSSIBLE

Email the required information to us at events@ms-pd.org.nz

Fax - (03) 379-7286, Post - PO Box 20 567, Christchurch 8543

or call 03 366 2857 Lynne Trowbridge ext 8 or Charlotte Ackroyd ext 9

THANK YOU FOR YOUR HELP

Office use only: Date received: ____/____/20 Recorded Whiteboard ____/____/20 Recorded Master SA ____/____/20

Collection Site: _____ Times: _____

Contacted to confirm details: ____/____/20 Materials Picked up /dispatched ____/____/20

Notes: