



# WALK FOR WATER 2015 PLEDGE FORM | In support of a healthy Lake Winnipeg

### Walker's info

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Dunnottar City: \_\_\_\_\_ Province: \_\_\_\_\_

Gimli Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Victoria Beach Email: \_\_\_\_\_

Other: \_\_\_\_\_

#### How did you hear about Walk for Water 2015?

I'm an LWF member

A brochure in the mail

At a local business

Social media/online

Other: \_\_\_\_\_

**Important reminder:**  
Charitable receipts for donations of \$20 or more will be provided by Dec. 31, 2015, if **accurate and complete** information is collected from pledgers.

	FULL NAME	MAILING ADDRESS	CITY	POSTAL CODE	EMAIL ADDRESS	PLEDGE AMOUNT	METHOD OF PAYMENT				#	expiry
							Cash	Cheque	Visa	Mastercard		
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

TOTAL \$ \_\_\_\_\_