

WALK FOR WATER 2016 PLEDGE FORM

In support of a healthy Lake Winnipeg

Participant info

Name: _____

I'm walking in: _____

Unable to attend? You can also mail in your pledges and completed pledge form.

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____

Please send me monthly e-updates No, thank you

Use this form to participate.
Collect pledges, then bring the money you raise and this form to one of our events. Visit lakewinnipegfoundation.org for more information.

Important reminder:
Charitable receipts for donations of \$20 or more will be provided by Dec. 31, 2016, if **accurate and complete** information is collected from pledgers.

1	FULL NAME	MAILING ADDRESS	CITY	POSTAL CODE	EMAIL ADDRESS	Please send me e-updates	PLEDGE AMOUNT	METHOD OF PAYMENT				
								Cash	Cheque	Visa	M/C	
1						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
2						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
3						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
4						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
5						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
6						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
7						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
8						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
9						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
10						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
11						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
12						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
13						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry
14						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#	expiry