

# WALK FOR WATER 2017 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](http://lakewinnipegfoundation.org) for more information.

**Important reminder:**  
Charitable receipts for donations of \$20 or more will be provided by Dec. 31, 2017, 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