

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

For a donation of \$20 or more, we will provide you with a charitable receipt. Please ensure you collect **accurate and complete** information from your pledgers so that we can process their donation in a timely manner.

For a donation of \$50 or more, you will receive a one-year LWF membership and add your voice to the call for a healthy Lake Winnipeg. Members receive LWF's newsletter and have the right to vote at our annual general meeting.

1	FULL NAME	STREET ADDRESS	CITY	POSTAL CODE	EMAIL ADDRESS	Please send me e-updates <input type="checkbox"/>	PLEDGE AMOUNT	METHOD OF PAYMENT	
								Cash Cheque CC*	*Please note, we accept Visa and Mastercard only.
2						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
3						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
4						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
5						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
6						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
7						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
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9						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
10						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
11						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry
12						<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> #	expiry