

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,
you will receive a charitable receipt.

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.

Please ensure information is accurate and complete so that we can mail charitable receipts in a timely manner.

FULL NAME	MAILING ADDRESS	POSTAL CODE	EMAIL ADDRESS	Please send me e-updates	DONATION AMOUNT			expiry
					Cash	Cheque	Credit Card	
1				<input type="checkbox"/>	\$	\$	\$ #	expiry
2				<input type="checkbox"/>	\$	\$	\$ #	expiry
3				<input type="checkbox"/>	\$	\$	\$ #	expiry
4				<input type="checkbox"/>	\$	\$	\$ #	expiry
5				<input type="checkbox"/>	\$	\$	\$ #	expiry
6				<input type="checkbox"/>	\$	\$	\$ #	expiry
7				<input type="checkbox"/>	\$	\$	\$ #	expiry
8				<input type="checkbox"/>	\$	\$	\$ #	expiry
9				<input type="checkbox"/>	\$	\$	\$ #	expiry
10				<input type="checkbox"/>	\$	\$	\$ #	expiry
11				<input type="checkbox"/>	\$	\$	\$ #	expiry
12				<input type="checkbox"/>	\$	\$	\$ #	expiry