Sunrise's *Walk With Us Fundraiser*

Saturday October 2, 2021

PLEDGE FORM

Pregnancy & Family Support Services

Walker's Name : _____ ❒ **# of Children**

Email Address : _____

Phone Number : _____

Note to walkers: Photo copy this form or obtain online if you need more copies. Collect the Money when the sponsor agrees to contribute (if possible)

Note to contributors: Pledges are based on participation and not distance. Pledge collector is responsible for collection. Tax Receipts for pledges $20.00 and over. **Print clearly and provide complete address to recieve Tax Receipt**. Charitable Registration: #889773123RR001 Cheques should be made out to "Sunrise".

Please Complete All Information and Print Clearly		Amount Pledged	PAID
NAME *John Sample Doe*	TELEPHONE (905) 852-0078	$20.00	yes
ADDRESS 123 Main Sample St Uxbridge LOL 1E6	Email John_Sample@gmail.com		
NAME	TELEPHONE		
ADDRESS POSTAL CODE	Email **SUBSCRIBE TO NEWSLETTER** ❒		
NAME	TELEPHONE		
ADDRESS POSTAL CODE	Email **SUBSCRIBE TO NEWSLETTER** ❒		
NAME	TELEPHONE		
ADDRESS POSTAL CODE	Email **SUBSCRIBE TO NEWSLETTER** ❒		
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