

Walk with Heart Pledge Form



Participant Info

First Name		Last Name			
Suite/Apt #	Add ress	City	Prov	Postal Code	

Email		Phone #			
First Name		Last Name			
Suite/Apt #	Add ress	City	Prov	Postal Code	
Email		Phone #			
					\$
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque

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					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque

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First Name	Last Name				
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Email	Phone #				

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Email	Phone #				

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Email	Phone #				

_____		_____			\$ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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Suite/Apt #	Add ress	City	Prov	Postal Code	
_____		_____			
Email	Phone #				

Please bring completed form and money to the event.

1. Please make cheques payable to SHN Foundation
2. Gifts of \$20.00 or more will be receipted
3. Charitable Registration # 11914 2263 RR0001

For more information please visit www.walkwithheart.ca

