

## Sunday, September 26, 2021

Name of Participant:	Team Name:
Address:	
Telephone #	Email:
Have you registered online? Yes No	
Please note that pledges by credit card are welcome but m www.ghfwalkrun.ca or over the phone by calling the Four	nust be made securely by visiting the Walk/Run website at ndation Office directly at 905-873-0111 ext. 8221.

## **DONATIONS:**

Name & Address (full address is required for tax receipt)	Pledge Amount	E-mail Address & Phone Number	Payment Method	Check if Receipt Required
		e-mail: phone number: ()	□ cash □ cheque	
		e-mail:phone number: ()	□ cash □ cheque	
		e-mail: phone number: ()	□ cash □ cheque	
		e-mail:	□ cash □ cheque	



## Sunday, September 26, 2021

Name of Participant:	Team Name:	
Address:		
Telephone #	Email:	
Have you registered online? Yes No	<del></del>	
	welcome but must be made securely by visiting the Walk/Run website at calling the Foundation Office directly at 905-873-0111 ext. 8221.	

## **DONATIONS:**

Name & Address (full address is required for tax receipt)	Pledge Amount	E-mail Address & Phone Number	Payment Method	Check if Receipt Required
		e-mail:	□ cash □ cheque	
		e-mail:	□ cash □ cheque	
		e-mail: phone number: ()	□ cash □ cheque	
		e-mail:	☐ cash☐ cheque	