

JOURNEY FOR HEALTH Virtual WALK Pledge Sheet

Note pledges can be made through Canada Helps



Name: _____
Address: _____
City/Town: _____ P/Code _____
Telephone Number: _____

Receipts can be issued for pledges of \$20 or larger
For a receipt, provide an email address OR a complete mailing address
tick in the box provided.
PLEASE PRINT CLEARLY!

CRA No.	Participant Name	Complete Mailing Address	City/Town	Postal Code	Telephone Number	Receipt <input type="checkbox"/>	Pledge Amount	Pledge Paid
1					()			
2					()			
3					()			
4					()			
5					()			
6					()			
7					()			
8					()			
9					()			
11					()			
12					()			
13					()			