



WALK LOCATION _____

I AM WALKING IN HONOUR OF _____ MY FUNDRAISING GOAL IS \$ _____



LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ PROVINCE _____

POSTAL CODE _____ PHONE # _____ EMAIL _____

TEAM NAME (if applicable) _____ TEAM CAPTAIN _____

ALL information must be completed for donors who want tax receipts.

DONOR INFORMATION <small>Please print clearly on all sections of this form to ensure that donations are assigned to the correct person.</small>					AMOUNT RECEIVED BY	
					CHEQUE	CASH
1	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
2	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
3	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
4	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
5	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
6	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
7	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				

Please **do not** include any online donations on this form.

- Please photocopy this form if you need extra copies.
- Receipts will be issued for all donations of \$20 or more.



2020 FUNDRAISING REWARDS
Check out this year's rewards at walktoendals.ca/rewards

SUBTOTAL (This page only)	
GRAND TOTAL (All donations)	