

22nd Annual



**In support of
Charlotte County Cancer
"For the people of Charlotte County"**

Participant Name: _____

Team Name: _____

**Registration on Saturday, October 5th, 2024
From 9 - 11am
At Guardian, 101 King Street in St Stephen**

Thanks for your continued support

*** PLEASE BE SURE TO PRINT CLEARLY *** (FULL ADDRESS IF YOU REQUIRE RECEIPT)		Donation Amount	Receipt required
Name	Address		
	MAILING ADDRESS: _____ EMAIL ADDRESS: _____		Yes / No
	EMAIL ADDRESS: _____		Yes / No
	EMAIL ADDRESS: _____		Yes / No
	EMAIL ADDRESS: _____		Yes / No
	EMAIL ADDRESS: _____		Yes / No
	EMAIL ADDRESS: _____		Yes / No
	EMAIL ADDRESS: _____		Yes / No
	EMAIL ADDRESS: _____		Yes / No

Make Cheques payable to "WALK CAUSE WE CARE"

If you need more forms, please photocopy this one.

Receipts will be issued for donations over \$10.00 only if the appropriate box indicates "YES" and then and only then if the full address is provided

Donor's name and address must be complete and legible

Total Donations Collected (This Page)	\$ _____
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