

Participant Name: _	 	
Team Name:	 	

Walk begins at 11 am at the Magaguadavic Center, 11 J.O. Spinney Drive, St. George and other participating locations

If you require a Charitable Receipt, please enter your EMAIL/ADDRESS below. No receipt will be issued if blank or only one section filled in ****PLEASE PRINT CLEARLY****

DONOR NAME	EMAIL	ADDRESS	DONATION AMT	RECEIPT REQUIRED
				YES/NO
Make cheques payable to 'WALK CAUSE WE CARE' Receipts will be issued for donations over \$10 only if the appropriate box indicates 'YES' and if the donor name and email/address is complete and legible			TOTAL donations collected (this page only)	\$