

Team Name:	<u> </u>
	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

Participant Name: ___

		VIALLY ADDRESS DEIOW. NO receipt will be issued if blank or only one *****PLEASE PRINT CLEARLY**** ADDRESS		DECEMPT DECLURES
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				\$