

PLEDGE FORM

Walker Information

Name: _____

Address: _____

Phone: _____

Age (if under 18): _____



Name	Address	Payment Method	Tax Receipt*	Amount
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Amount Raised				

*Tax receipts issued for amounts \$5.00 and over