Promoting a greater respect for all human life in support of the Guelph & Area Right to Life Association

Walker Information							
Name:		Age:	(If under 1	8 yrs) Phone Number	:		
Mailing Address:							
Email Address:		Signature:		Da	ite of Signature:		
				st have parent or legal guardi			
Name	Amount Pledged	Mail	ing Address		Phone Number	Cash	Cheque
1							
2							
3							
4							
5							
6							
7							
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10							
11							
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18							
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20							
21							
22							
23							
24							
25							
26							
	<u>l</u>			FOR STAFF USE ON	ILY		
				Funds Received			
TOTAL:	\$			Cash: \$ Total: \$	Cheques: \$_		_

1) Pledges are to be collected by the walker <u>prior</u> to the event 2) Please complete all sponsor name & address info to receive a tax receipt 3) Tax receipts will be issued for donations of \$10.00 or more 4) Children under the age of 10 must be accompanied by an adult For additional Sponsor Record Sheets please contact Guelph & Area Right to Life at 519-836-6311 or email facts@guelphforlife.com. You may also photocopy.