Thank you for supporting LIFE...

(*Please note:* Full name & address is required for tax receipts.)

SPONSOR'S NAME	ADDRESS	Postal Code	$ Pledged	$ Received

Participant's Name	
Address	
City	Postal Code
Email	
Phone	

Please note:

Parent/Guardian signature needed for participants under 14 years of age.

_____

Signature

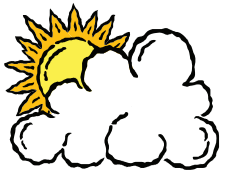
Income tax receipts issued for donations of $10 or more.

Please bring funds raised on May 8th.

SNACKS PROVIDED!

4 KM COURSE

RAIN or SHINE



Guelph & Area
Right to Life
Association

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