

Walk Location:		Walk Date:
Team Leader:	Phone:	Email:
Walker Name:	Phone:	Email:



Donor Name:	Address:			Phone:	Amt Pledged
Email:					\$20 <input type="checkbox"/> \$50 <input type="checkbox"/>
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Expiry	City:	Province:	Postal Code:	OR \$ _____
_____	___/___				

Donor Name:	Address:			Phone:	Amt Pledged
Email:					\$20 <input type="checkbox"/> \$50 <input type="checkbox"/>
Credit Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Expiry	City:	Province:	Postal Code:	OR \$ _____
_____	___/___				

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WAIVER MUST BE SIGNED BY WALKER

Charitable Registration # 883331472 RR0001

Disclaimer: I understand that by completing this pledge form, my name and contact details will be included in Lupus Ontario's database and that I may be contacted in the future. I also understand that all monies collected must match the written pledge information. I give full permission for use of my name and photo in connection with this event.



Please return this form and all pledges to:  
Lupus Ontario, 10-25 Valleywood Drive, Markham,  
ON L3R 5L9  
Please make cheques payable to: LUPUS ONTARIO

Please do not send cash in mail

Total Cash	
Total Cheques	
Total Credit Cards	
TOTAL	

Signature \_\_\_\_\_

Parent/Guardian if under 18 years of age \_\_\_\_\_