



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

**Please be advised that your full mailing address, including your postal code, is required to issue a tax receipt for donations of \$20.00 or more.**

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 \$ _____
_____		____/____				

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 \$ _____
_____		____/____				

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 \$ _____
_____		____/____				

Lupus Ontario has a strict privacy policy to protect your rights. Lupus Ontario does not share any of your information. Lupus Ontario is a registered charity. Registration # 88333 1472 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.

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

PH: 905-415-1099  
Toll Free 1-877-240-1099

**LUPUS ONTARIO**  
Life Without Lupus   
25 Valleywood Drive, Unit 10  
Markham, Ontario L3R 5L9  
www.walkforlupusontario.org

Total Cash	
Total Cheques	
Total Credit Cards	
<b>TOTAL</b>	